

Linn County MHDD Management Plan 2009-2012

INTRODUCTION

Linn County is pleased to present the County Management Plan for Mental Health and Developmental Disability Services. This plan is prepared in order to inform Linn County citizens, consumers of Mental Health and Developmental Disability Services, providers of such services, and consumer advocates about the policies and procedures used by Linn County staff to manage County funding designated for these services.

This plan covers the geographical area known as Linn County, and is intended to comply with section 331.439 of the Iowa Code, which requires counties to have such a plan in order to qualify for certain "state payments" to the County MHDD Services Fund. Administrative rules were developed to detail specific requirements for plan content. The rules are in chapter 441-25 of the Iowa Administrative Code

The development of the plan is a community effort. Linn County is fortunate to have service providers who are consumer-oriented and aggressive in seeking the best methods of providing mental health and developmental disability services. They have volunteered many hours toward working with county staff on the development of the plan. In addition, the county's consumers and consumer advocates are active and informed, and they have also volunteered many hours on committees to assist in the development of this plan.

The Linn County "Central Point of Coordination" is located in the office of Linn County MHDD Services. MHDD stands for Mental Health and Developmental Disabilities. Significant amounts of support functions, such as accounting, planning, and clerical are provided by the staff of Linn County Community Services.

For further information regarding this plan, contact:

Central Point of Coordination Administrator
Linn County MHDD Services
1240 26th Ave Ct. SW
Cedar Rapids, IA 52404
Phone: 319-892-5670
FAX: 319-892-5679
E-mail: Mechelle.Dhondt@linncounty.org

Approved by the Linn County Board of Supervisors:

Chair

Date

<p>IN EMERGENCIES: CALL OUR CRISIS MANAGEMENT PROVIDER, THE ABBE CENTER FOR COMMUNITY MENTAL HEALTH AT 319-398-3562 or FOUNDATION 2 MOBIL CRISIS OUTREACH AT 319.247.0030 OR 319.362.2174</p>
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LINN COUNTY MH/ DD PLANNING COUNCIL GUIDING PRINCIPLES

The guiding principles listed below refer to services for the Planning Council's targeted population: i.e. people with mental illness, mental retardation, developmental disability, or brain injury. When referred to in the principles, the word “people” shall mean the targeted population. Principle values are choice, empowerment and community.

- I. Normalization: People should receive services in as culturally normative setting as possible, services should be community based and lead toward as culturally normative lifestyle as possible.
- II. Individualized treatment, habilitation, and program plans and services: People should receive planning and services based on their individual needs and abilities.
- III. Comprehensive evaluation and diagnosis: People should receive planning and services based on comprehensive diagnosis and evaluation adapted to the cultural background, primary language, and ethnic origin of the individual.
- IV. Periodic review of treatment, habilitation, and program: People should receive a periodic, but at least annual, reevaluation and review of their services in order to measure progress, modify objectives if necessary, and provide guidance and remediation techniques.
- V. Participation in the formulation of the plan: People should be empowered to participate in their planning process, should be given the opportunity to make decisions and exercise choice regarding the plan to the greatest extent of their ability, and should be informed of their progress in writing at reasonable intervals of time.
- VI. Least restrictive environment and age-appropriate services: People should live in and receive community-based, age-appropriate services in the least restrictive setting consistent with their individual needs, potential and abilities.
- VII. Vocational training and employment options: People should be given the opportunity to receive vocational training that contributes to their independence and employment potential.
- VIII. Wage protection: People should be paid wages for any work done which are commensurate with the going rate for comparable work and productivity.
- IX. Due process: People diagnosed with mental illness, intellectual disability, developmental disability or brain injury retain the right to citizenship in accordance with the laws of the state and federal governments.

SUMMARY

People who have a mental illness or developmental disability often need a variety of services and supports in order to participate in the life of the community. Such services can be costly, and health insurance is usually inadequate in its coverage of these service needs. Iowa Law has designated counties as being responsible for financing qualified services for eligible individuals and families. Linn County MHDD Services is the agency your Linn County Board of Supervisors has assigned to manage the financing of these services.

The purpose of this summary is to briefly explain how we provide, fund and deliver mental health and developmental disability services in Linn County. This summary has been written to answer many of the basic questions and concerns you may have about how these programs work in Linn County. Detailed answers to specific questions may be found in the Policies and Procedures, which follow. The planning and funding of services is an ongoing process that has to adapt to the changing needs of consumers. Whether you are applying for the first time, or asking us to renew services and funding, we want to continue to work closely with you. Our goal is to ensure that services are cost effective and meet your particular strengths, abilities, priorities and needs. Regrettably, our resources and funding are limited. Because of this, we can not honor or fund every request for services or supports.

We encourage you to contact us if you need more information, help or referrals. Our office will arrange for interpretation of this summary, the County Plan, the Policy and Procedures Manual, and other related materials as needed. Our phone number is **892-5670**.

HOW OUR SYSTEM WORKS

Consumer empowerment is our goal. It is essential that individuals have freedom of choice, and take an active role in deciding what services and supports they need and how those services are to be delivered.

Our office is called the Central Point of Coordination (CPC). We act as the Coordinator to a countywide system of services and supports by taking applications, making eligibility decisions, evaluating the needs of individuals, and working to insure that eligible consumers receive the services they need. We are part of the county's Central Point of Coordination process, and we report to the Board of Supervisors.

We also cooperate and enter into contracts with other agencies, organizations and service providers. Providers are public and private companies, professionals and facilities that deliver a wide range of services. They might be businesses that operate transportation or para-transit systems; hospitals with rehabilitation, mental health, or long-term care facilities; practitioners such as counselors and therapists, home health care agencies, supported community living programs, or job training assistance. Most providers in this county can assist you in filling out applications and forwarding them to our office. You can find a list of providers in the complete County Management Plan. Please call us if you do not have the complete version of the Plan and would like that list.

The First Step: Intake, Eligibility and Enrollment:

You can receive financial assistance for services by meeting five eligibility requirements:

1. You are a resident of Linn County or have established legal settlement in Linn County
2. You have a diagnosed disability covered by the plan. We currently only cover persons with a diagnosis of: **Chronic Mental Illness, Mental Illness, Intellectual Disability or Developmental Disability**
3. You meet our income and resource financial eligibility guidelines.
4. You have a need for the service as determined by a professional assessment.
5. The requested service or support is covered by the plan. Covered services include various types of :
 - **Vocational Services**
 - **Residential Services**
 - **Outpatient Mental Health**
 - **Support (such as payee or respite services)**
 - **Psychiatric Hospitalization**
 - **Service Coordination (Case Management)**

To start the process, a written application must be completed. You can do this at our office or at any one of the providers or access points listed in our plan. We can also mail an application directly to you. Staff members can help you fill out the applications. If you like, you can bring along a friend, family member or other person familiar with your personal matters.

You will be asked to provide information about disability, health, education, work history, income, benefits, insurance, and other matters. The application also requires us to gather information about others who live in your household or who are responsible for your support. We will also want to know where you have lived in the past, so we can determine if Linn County has the responsibility to pay for the services and supports for which you qualify. A copy of our Application can be found in the complete County Management Plan. Please call us if you do not have the complete version of the Plan and would like an application.

We want to assure you that your privacy will be respected and protected both in and out of our offices. No personal information will be shared with others unless you give us written permission or we are required by law to do so. You will be asked to sign release forms that authorize us to talk with other persons and organizations and to freely exchange information and records about you. More information about our confidentiality and privacy policies and safeguards, and copies of our release forms can be found in the complete County Management Plan. Please call us if you do not have the complete version of the Plan and would like more information about confidentiality.

After we review the application information, we will decide whether or not you are eligible for county services and funding. If you meet our eligibility criteria, you are entitled to receive county funding. Many of the services are provided without cost to you. In some circumstances, depending on your income and resources, you will have to pay some of the costs. A written Notice of Decision will be sent to you that explains how and why we made our decision. If you are not eligible, you will receive a Notice of Decision that explains why we denied your request. You have the right to appeal any part of the decision. The appeals process is written on the Notice of Decision.

The Second Step: Service Planning and Funding:

If you do not already know the exact service you want, you might need to take a second step in the process. This step would be one in which we learn more about you and assess your personal goals for a happy life, as well as your health care, treatment, employment, transportation, and other needs. If you are uncertain about your service needs, a service coordinator may be assigned (if you do not already have one) to work with you and others to create a service plan tailored to your specific strengths, abilities, and needs. If it's okay with you, they may also speak with your family members, doctors, therapists, services providers, or other people involved in your day-to-day affairs.

When the plan is fully developed, additional services might need to be requested; and the Service Coordinator can help you with that. In any event, we will send you a written Notice of Decision as described above.

It is possible that we will not have the funds to pay for all of the services that you need. If this happens, your name may be placed on a waiting list. While you are on the waiting list, we will refer you to other resources or agencies that might be able to help you or provide the services and funding that we cannot. You can appeal this or any other decision. An attorney can represent you during the appeals process, at your own expense.

The Third Step: Continued Coordination:

Even after you begin to receive services, we are available to keep working with you to make sure that your services and supports continue to meet your changing needs. Case reviews will also be conducted. We are always open to suggestions, and we welcome your comments on how we can better serve you and others in our community. Feel free to contact us if you have any questions, complaints or compliments about us, about your providers, or about anyone else involved in our county's mental health and developmental disability service system.

POLICIES AND PROCEDURES

Where Do I Go To Get Services And Funding?

In order to receive Linn County Mental Health Developmental Disabilities Services Funds for desired services, applicants must meet certain diagnostic, income, resource, and residency criteria. An application must be completed in order to decide if the criteria have been met. For specifics regarding eligibility guidelines, or for other questions regarding the application procedures, contact the Intake office at 319-892-5671.

Application forms can be obtained by calling or writing to:

Intake Office
1240 26th Ave Ct. SW
Cedar Rapids, IA 52404
Phone: (319) 892-5671 Fax: (319) 892-5679

Application forms are also online at www.linncounty.org, click on the box “Where Do I?”, and look for Mental Health and Disability Services.

In addition to going to the CPC office at Linn County MHDD Services, there are other ways to access services. All local providers of services under contract (see list of providers later in this document) with Linn County, and schools, and the local Department of Human Services, and the local Division of Vocational Rehabilitation, and other counties may assist applicants with the application process. All of these organizations who can assist applicants with the applications are known as “Access Points” to the Linn County Central Point of Coordination (CPC). Access Points are required by State rules to forward the application to the CPC on the same day it is completed. Applications may be faxed.

Applying for funds for services involves the following steps:

- 1.** Applicants who have a question about whether or not they might already be enrolled in the Linn County MHDD Services Funds system may call the CPC office at (319) 892-5670. An application may still be required for new service, but this step could save some time.
- 2.** Complete the Linn County MHDD Services Funds Application Form, following the detailed instructions that are attached to the form. Applicants may complete the form themselves, or they may ask any local service provider for assistance in completing the form.
- 3.** Attach any documents that will help confirm eligibility, such as medical reports, income information, and proof of residency.

- 4.** Submit the application to: **MHDD Intake Office**
Linn County MHDD Services
1240 26th Ave Ct. SW
Cedar Rapids, IA 52404
Phone: (319) 892-5671 Fax: (319) 892-5679

When consumers apply for Linn County funding, they usually have a provider of service in mind. If they do not have a provider in mind, a list of providers will be given to them. If the consumer does not have documentation of the reported diagnosis, a referral to a doctor or psychologist will be made in order to obtain a diagnosis. If the consumer is uncertain about the needed service or seems to be in need of assistance to engage service providers, a referral to a service coordinator will be made.

The service coordinator is required by state standards governing service coordination to develop a consumer plan. The service coordinator is an "access point". If the consumer's plan contains goals which require services that are funded by Linn County, the service coordinator will assist the consumer to follow the Request for Funding procedures, and may actually complete the Request for Funding on behalf of the consumer

If the applicant does not have what is known as "Legal Settlement" in Linn County, the CPC office will provide assistance to consumers and/or access points in coordinating the request for funding with the county of legal settlement or state for those with state case status. Linn County's CPC has FAX machine capability and will use that technology when possible in order to coordinate with the appropriate entity by the end of the working day during which the application was received by Linn County. In some cases, it might take longer than one day to establish legal settlement; but the application will be forwarded on the day that legal settlement is established. Linn County requests that Access Points comply with the requirement that applications are to be forwarded to the Linn County CPC by the end of the working day for those who are residents of Linn County. We will assist in the coordination for those who do not have legal settlement in Linn County, and access to services will not be delayed while legal settlement is determined. In the event of legal settlement disputes, Linn County will pay for services and, when the dispute is settled, receive reimbursement from the state or county of legal settlement.

How Do I Find Out If I Am Eligible For Services And Funding?

The Linn County CPC staff will review the application and issue a Notice of Decision as quickly as possible. Our goal is to provide a Notice of Decision within 5 working days of the receipt of the application. Notices of Decision will be mailed or faxed, and they will be sent to the applicant, the person who completed the form, and any provider from whom the applicant has requested a service.

In order to receive payment for services, providers must have a copy of the written Notice of Decision approving the applicant for funding of the specific service for which payment is being requested. Billings for services provided prior to the date of the Notice of Decision shall not be paid.

The Notice of Decision includes an appeal procedure which applicants may use to appeal decisions.

How Are Decisions Made About My Services And Funding?

The CPC Administrator or an employee supervised by the CPC Administrator analyzes whether the service requested is appropriate to the diagnosis. The Linn County CPC Administrator meets the Iowa Administrative Code requirements for the designations of Qualified Mental Health Professional (QMHP) and Qualified Mental Retardation Professional (QMRP). Many services are requested by county case managers and are requested as the result of interdisciplinary team assessments, and those recommendations are given due consideration. The guidelines for service authorization are simply a question of whether the requested service matches the identified need. Since the guidelines require a

matching of need with service, the process is individualized. Service is also authorized or denied on the basis of financial (income and resources) eligibility. The Linn County MHDD Intake Coordinator or an employee in that office reviews applications and assesses financial eligibility.

Diagnostic service authorization criteria are listed below. In the event that the CPC Administrator denies funding for proposed psychiatric treatment on the basis of whether or not the service is appropriate to the need, and in the event that such denial is appealed by the treating psychiatrist, Linn County will arrange for a second opinion by a qualified psychiatrist.

STATE DEFINITIONS OF ELIGIBLE DIAGNOSES

“Persons with a mental illness” means persons who meet the criteria for a diagnosis of a mental illness as defined in the Diagnostic and Statistical Manual, Third Edition—Revised (DSM III-R). Diagnoses which fall into this category include, but are not limited to, the following: schizophrenia, major depression, manic depressive (bipolar) disorder, adjustment disorder, and personality disorder. Also included are organic disorders such as dementias, substance-induced disorders, and other organic disorders which include physical disorders such as brain tumors. Persons with certain DSM III-R diagnoses as follows are not considered to have a mental illness.

1. Persons with a V Code diagnosis only. This diagnosis includes conditions that are not a mental disorder but are a focus of treatment, such as marital problems, occupational problems, parent-child problems, or other “phase of life” problems.
2. Persons with a psychoactive substance use disorder diagnosis only.
3. Persons with a developmental disorder diagnosis only. This includes mental retardation, autism, and academic disorders.

“Persons with chronic mental illness” means persons 18 and over, with a persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment.

Persons with chronic mental illness typically meet at least one of the following criteria:

1. Have undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (e.g., emergency services, alternative home care, partial hospitalization or inpatient hospitalization).
2. Have experienced at least one episode of continuous, structured supportive residential care other than hospitalization.

In addition, these persons typically meet at least two of the following criteria, on a continuing or intermittent basis for at least two years:

1. Are unemployed, or employed in a sheltered setting, or have markedly limited skills and a poor work history.
2. Require financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.
3. Show severe inability to establish or maintain a personal social support system.
4. Require help in basic living skills.
5. Exhibit inappropriate social behavior which results in demand for intervention by the mental
6. health or judicial system.

In atypical instances, a person may vary from the above criteria and could still be considered to be a person with chronic mental illness. (Adapted from the National Institute of Mental Health’s Definition and Guiding Principles for Community Support Systems, revised May 1983)

“Persons with developmental disabilities” means persons with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments.
2. Is manifested before the person attains the age of 22.
3. Is likely to continue indefinitely.
4. Results in substantial functional limitations in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
5. Reflects the person’s need for a combination and sequence of services which are of lifelong or extended duration.

(Adapted from Public Law 99-527, Developmental Disabilities Act of 1984)

“Persons with mental retardation” means persons who meet the following three conditions:

1. Significantly subaverage intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly subaverage intellectual functioning) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, American Psychiatric Association.
2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person’s effectiveness in meeting the standards expected for the person’s age by the person’s cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
3. The onset is before the age of 18.

(Criteria from “Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV),” 1994 revision, American Psychiatric Association)

LINN COUNTY FINANCIAL ELIGIBILITY POLICIES

ITEM:	Resource Eligibility Criteria	No. 601.1
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The following limitations and policies are applicable for County funding of MH/DD services other than vocational services, commitment costs, Title 19 funded services, non-Title 19 Case Management and placements at the State Resource Centers and the Mental Health Institutes.

Capital Asset Limitation:

- One homestead pursuant to Ch. 561 of the Iowa Code
- One vehicle pursuant to Ch. 627.6(9)(b) of the Iowa Code
- Irrevocable Burial Trust or Pre-Paid Funeral not to exceed the value of the maximum guidelines established by the Iowa Department of Human Services.
- Retirement accounts such as simplified employee pension plans, self-employment pension plans, Keogh plans, individual retirement accounts, Roth retirement accounts, incentive matched plans for employees and similar plans for retirement.
- The value of non-homestead property that produces income consistent with its fair market value.
- Other capital assets up to \$5,000 (diamonds, cash value of life insurance policy, etc.)

Resource standards. Basic financial eligibility standards shall include the following provisions for determining financial eligibility:

 a. The countable value of all countable resources, both liquid and nonliquid, shall be included in the eligibility determination except as exempted in this subrule.

_____ b. A transfer of property or other assets within five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.

c. The following resources shall be exempt:

____ (1) The homestead, including equity in a family home or farm that is used as the consumer household's principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.

(2) One automobile used for transportation.

(3) Tools of an actively pursued trade.

(4) General household furnishings and personal items.

(5) Burial spaces.

____ (6) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.

____(7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.

d. Additional exemptions. If a person does not qualify for federally funded or state-funded services or other support, but meets all income, resource, and functional eligibility requirements of this plan the following types of resources shall additionally be considered exempt from consideration in eligibility determination:

(1) A retirement account that is in the accumulation stage.

(2) A medical savings account.

(3) An assistive technology account.

Liquid Asset Limitation:

- The allowable resource limit will equal the maximum resources allowed for people receiving Supplemental Security Income.

Conversion of capital assets into liquid assets does not impact income in the month of conversion. Resource guidelines for liquid asset limitations, however, would be applicable.

See Policy 601.1.1 for lump sum payment procedures. Any lump sum amounts remaining in the subsequent month from when the lump sum is recorded would be considered a resource.

For applicants requesting residential services whose assets as identified on the Funding Request Form exceed allowable limitations, assets must be depleted to allowable levels by paying for their own care and treatment before Linn County will fund the service. The length of time to be funded by the applicant will be calculated by dividing the excess resources attributed to the applicant by the average monthly cost of the MHDD residential placement requested at the time of the application. The length of time may be adjusted if the cost of the MHDD residential service increases due to increased consumer need.

The excess resources attributed to the applicant for a single individual would be total resources less the liquid asset limitation for a person in residential placement. If the applicant is married, total resources of the household would be divided by 2. This calculated amount less the liquid asset limitation for a person in residential placement would be the excess resources attributed to the applicant.

Applicants requesting non-residential MHDD services who were denied funding because assets exceed allowable limitations must wait for a thirty day period before the applicant will be eligible to reapply for Linn County funding.

The applicant will be notified of the funding decision by the Central Point of Coordination Administrator. In cases of extreme hardship, the CPC Administrator may waive resource limitations. Documentation shall be maintained and a report provided to the MHDD Advisory committee on waivers granted.

The applicant shall seek funding for services from all other available sources before Linn County funding will begin.

When services are approved, the responsible LCCS staff will open the service on the mainframe so payments can be processed.

ITEM: Lump-Sum Payment Procedures **No. 601.1.1**

Policy: The amount of the **countable** lump sum will be equal to the lump sum less \$2,500/\$3,500, dependent upon the number in the household, and less the cost of attorney fees incurred for purposes of obtaining disability benefits, if applicable. See Policy 601.16 for a list of items excluded from monthly gross income.

Countable lump sum payments, from sources other than Interim Assistance Reimbursement (IAR) Notices, will be recorded as **income** on the date the receipt is reported to the Intake Coordinator (IC), using source code 259. NODs will be effective three days after the countable lump sum is reported, unless the service is residential or the service is reimbursed monthly. If services are residential or monthly, NODs will be dated as of the first day of the month.

Countable lump sum payments, from IAR Notices, will be recorded as income on the first day of the subsequent month following the Notice date, as long as the Notice is received within three days of the month end. If the Notice is not received prior to the last three days of the month, the countable lump sum will be recorded two months later on the first day of that month. NODs issued as a result of the countable lump sum will be effective as of the date the lump sum is recorded.

The IC should be immediately notified whenever a client receives a lump-sum payment. Lump sums include inheritances, trust distributions, insurance settlements/payments and retroactive benefits, including SSI, SSDI, Railroad Retirement and Veterans Administration. The notification should occur even if the client has a protective payee.

Scope: This policy covers all services excluding case management, service coordination, sheltered workshop, work activity, enclave and services funded by Title 19.

ITEM: Transfer of Assets **No. 601.2**

Linn County's policy on transfer of assets is adapted from the Department of Human Services Policy as identified in their manual for Title 19 Medicaid, Chapter D Resources. Further explanations may be obtained from that manual.

This policy is applicable to applicants requesting funding for MH/DD Services other than vocational services, commitment costs, Title 19 funded services and placements at the State Hospital Schools and the Mental Health Institutes.

DEFINITION:

In summary, transfer of assets occurs when an applicant transfers resources or countable income for less than fair market value in order to become eligible or maintain eligibility for Linn County funding for MH/DD services. Transfer of assets includes, but is not limited to:

- ◆ Giving away property to someone else.
- ◆ Establishing a trust.
- ◆ Removing a name from an asset.
- ◆ Disclaiming an inheritance.
- ◆ Failure to "take" against a deceased spouse's will.
- ◆ Reducing ownership interest in an asset.
- ◆ Transferring or disclaiming the right to income not yet received.

TRANSFERS THAT CAUSE PENALTY:

Transfers that currently may result in a penalty being applied are:

- ◆ Transfers made by an applicant or a spouse to someone other than a spouse within the 36 months before the Request for Linn County Funding Form is filed.

- ◆ Transfers into a trust by a trust or by an applicant or an applicant's spouse during the 60 months before the Request for Linn County Funding Form is filed.

TRANSFERS THAT DO NOT CAUSE PENALTY:

The following are situations in which a transfer is exempt and does not cause a penalty:

- ◆ A joint account is divided into separate accounts that reflect separate ownership, as long as the funds are divided equally in proportion of ownership.
- ◆ A transfer is made to the applicant's child who is disabled as defined by Social Security Administration.
- ◆ A transfer was made into a trust established solely for the benefit of:
 - The applicant's child who is blind or permanently and totally disabled, as defined by the Social Security Administration
 - A person under 65 years of age who is disabled, as defined by the Social Security Administration.
- ◆ A transfer is made between spouses or to another person for the sole benefit and support of the community spouse.
- ◆ A transfer was made in response to a court order that the spouse receiving Linn County funding provide support for the community spouse, and the assets were transferred for:
 - The support of the community spouse, or
 - The support of a minor or dependent child, dependent parent, or dependent sibling who lives with the community spouse.
- ◆ The transfer results in denial of eligibility that causes an undue hardship to the applicant. "Undue hardship" exists when:
 - The applicant who transferred the asset, or that applicant's spouse, has exhausted all means to recover the asset, including legal remedies and consultation with an attorney; and
 - The applicant's remaining available resources are less than resources described in Policy 601.1.
- ◆ The applicant who transferred the asset makes a satisfactory showing that the applicant intended to dispose of the asset either at fair market value or for other valuable consideration. The applicant must verify through an independent source the attempts to sell the asset for fair market value and that the asset could not be sold for this amount.
- ◆ The applicant who transferred the asset makes a satisfactory showing that the asset was transferred exclusively for another purpose other than to establish eligibility for Linn County funding for MH/DD services.
- ◆ The applicant's home is transferred to one of the following:
 - The spouse of an applicant.
 - A child of the applicant who is under age 21, or who is blind or disabled.
 - A sibling of the applicant who has an equity interest in the home and who lived in the home at least one year immediately before the applicant requested MH/DD funding.
 - A son or daughter who was living in the parent's home for at least two years immediately before the date the parent requested MH/DD funding, and who provided care to the parent that allowed the parent to live at home rather than in a residential setting. The parent can be either a biological parent or stepparent.

PENALTIES FOR TRANSFERRING ASSETS:

Transfer of assets for less than fair market value by either an applicant or applicant's spouse disqualifies the person for Linn County funding for MH/DD services.

The penalty period for transferring assets depends on who the assets were transferred to and how much the assets were worth at the time the transfer occurred. To establish the penalty period:

1. Determine the equity value of all assets transferred in the 36 months before the applicant applied for Linn County funding, other than those transferred to or by a trust.
2. Determine the equity value of all assets transferred into or by a trust in the 60 months before the applicant applied for Linn County funding.
3. Divide the total equity value of the transferred assets by the average monthly cost of the MH/DD services requested at the time of application. The penalty period may be adjusted if the cost of the MH/DD services increase due to increased consumer needs.
4. The penalty period begins the first day of the first month that assets were transferred.

If more than one asset is transferred during the look back period, the disqualification periods can not overlap. The new penalty period starts on the first day of the first month immediately following the last month of ineligibility for the last penalty period.

ITEM: Exception to Policy

NO. 601.22

If clients do not meet the eligibility criteria for services, included in the County Management Plan, an exception to policy may be requested. Additionally, an exception to policy may be requested, if clients want to change the sliding fee percentage or the amount of client participation assessed. Finally, if a client requests funding for service, which is outside of coverage limitations and/or exclusions, an exception to policy may be considered.

Upon receipt of a notice of decision, the person, who originated the request or the client, may request consideration for an exception to policy from the CPC. Each request must include an explanation, which explains why the exception is needed. Additionally, monthly budget information must be provided, which identifies the amount the client must pay for rent, utilities, medical expenses, court ordered expenses, credit card/loan repayments and/or other monthly living expenses, if adjustment to a client fee amount, an exception to income limits, and/or an exception to the resource limits is requested.

The CPC will consider each request on a case by case basis. Primary factors influencing the CPC's decision include the following.

- The exception to policy request is expected to save the County more money than if the exception was not granted.
- The client would realize a substantial financial hardship, to the extent that the service would be declined, if the assessed fee was enforced and/or the client had to wholly fund the service.

The CPC will report at least quarterly to the MHDD Advisory Board, regarding utilization. Information reported will include the monthly cost to the County for each exception, the duration of the exception, the total cost of the exception over the authorization period and an explanation for why the exception to policy request was approved.

ITEM: Wraparound Funding**NO: 601.23**

Wraparound funding covers basic living expenses and other services not included in the County Management Plan, but which are essential to stabilize a person's community placement. Wraparound funding can include, but is not limited to, expenses associated with food, telephone, utilities, hotel/motel charges, storage fees, moving expenses, clothing, medication delivery and house cleaning.

Requests for wraparound services will be decided by the CPC. Requests for wraparound funding must include an explanation of why the funding is needed. Each request will be considered on a case by case basis.

The CPC will report at least quarterly to the MHDD Advisory Board, regarding utilization. Information reported will include the type of service funded for each client approved, an explanation for why the service was funding, the duration of the funding period and the total cost of the service over the authorization period.

ITEM: Vocational Services Eligibility**No. 601.3**

- I. Applicant must have a diagnosis of mental illness, chronic mental illness, mental retardation or developmental disability.
- II. Authorization for services is limited to one year. Person must re-apply for services annually.
- III. The CPC Administrator must determine that the services requested will cost effectively address the needs of the applicant.
- IV. Applicant must not be enrolled in a secondary education program except as follows. If enrolled in a secondary education program, applicant will only be eligible for a maximum of twenty hours of job coaching or eight half days at the facility in the twelve month period prior to his/her graduation year.
- V. Applicant must meet financial eligibility requirements.
- VI. Linn County MH/DD Services Funds are funds of last resort; applicants eligible for other sources of funding, including but not limited to Foster Care, RTSS, "Wrap-Around", children's Decategorization, and Medicaid funds (e.g., ARO, HCBS), which could fund a like or similar service, are not eligible for Linn County MH/DD Services Funds.
- VII. Applicant and/or applicant's household must have resources less than \$12,000.

Applicants are financially eligible for vocational services when they are in one of the following categories:

1. Income maintenance status
2. Income eligible status

Income Maintenance Status

Applicants who are served in the following residential programs automatically meet the vocational income eligibility standards, because their income has been considered in determining client participation for their residential placement. These residential programs include the following licensures: RCF-MR and CSALA. Additionally, applicants involved in Home and Community Based Services - Supported Community Living (SCL) or Home Based

Habilitation automatically qualify for vocational funding if their HCBS service is a 24 hour service.

Income Eligible Status

Applicants are financially eligible for vocational services when their monthly gross income, before earnings, plus income from all other household members, is no more than 150% of federal poverty guidelines, according to household size. See Policy 601.16 for a list of additional items excluded from monthly gross income.

Income eligibility is determined according to the lesser of the most recently completed month's income or the average income received in the three months preceding the month in which application for service is made. Income eligibility must be verified annually by either the applicant's Case Manager, or the Enrollment Office staff.

ITEM: Rent Subsidy Eligibility - Independent Living No. 601.4

Eligibility Criteria:

1. Applicant's resources must be less than \$2,000 for a household of one and \$3,000 for a household of two.
2. Applicant must have income from Supplemental Security Income (SSI) and/or Social Security Disability (SSDI), or must be applying for SSI/SSDI and receiving FIP.
3. Applicant must have a primary diagnosis of CMI, MR, or DD
4. Applicant income must be less than 150% of poverty level.
5. If applicable, applicant must be in compliance with the treatment plan developed with the applicant by a mental health service provider. Applicants who have been approved for Rent Subsidy and fall out of compliance with treatment plans will be provided with a minimum of a 30 day notice of denial of Rent Subsidy.
6. Projected costs for all services funded by Linn County after admission to the rent subsidy program may not exceed either Linn County's cost of services for that applicant in the prior twelve month period or the projected Linn County cost for service in the next twelve month period.
7. Applicants must apply for assistance from Leased Housing.
8. Linn County MH/DD Services Funds are funds of last resort; applicants eligible for other sources of funding, including but not limited to Foster Care, RTSS, "Wrap-Around", General Assistance, children's decategorization, leased housing, and Medicaid funds, which could fund a like or similar service, are not eligible for Linn County MH/DD Services Funds. If applicants receive rent assistance from another program and fail to notify the County of that assistance, the applicant will be ineligible for rent assistance from MHDD for three months after the County discovers the additional assistance.
9. The Service Application must be requested and signed by the applicant's Case Manager, Linn County Payee, Linn County counselor, SAL/SCL worker, PACT and CSP worker, or Department of Corrections Probation Officer.
10. Applicant must sign a Linn County Rent Subsidy Reimbursement Agreement.
11. Parents of Linn County clients can be landlords of their children under the Rent Subsidy – Independent Living program, as long as the client's living situation is not within the family home.

Priority Order:

1. Applicants who are currently in residential placement funded by Linn County.
2. Applicants in imminent danger of a residential placement funded by Linn County.

Implementation:

1. Applicant must complete the Request for Linn County Funding Form.
2. Applicant must agree to contribute a minimum of 30% of their adjusted gross monthly income toward rent.
3. Linn County will subsidize rent costs for the maximum housing allowance less 30% of the applicant's adjusted gross income. The maximum housing allowance is equal to the Leased Housing Program's voucher payment standard for Linn County that is based on the allowable number of bedrooms in the living unit. Adjusted gross income is equal to the monthly household income from all members 18 years of age or over less a \$40 allowance for each dependent, less a \$40 allowance for disability, less actual ongoing child care costs for children under 13 years of age and less actual monthly medical expenses paid for the applicant and the applicant's dependents.
4. Linn County may provide a one time payment for rent deposit not to exceed the maximum housing allowance.
5. Linn County will deny requests for subsidy if the applicant would be required to contribute more than 50% of the household's adjusted gross income toward the actual monthly rent and projected monthly utility costs.
6. Linn County will limit participation in the program subject to available funding.
7. Clients must re-apply for funding annually unless directed to re-apply more frequently due to expected income changes. During the enrollment year, changes in income or number in the family must be immediately reported to Linn County.
8. An invoice must be prepared monthly detailing client name, client social security number, vendor name, vendor address, vendor tax ID number and the Linn County monthly rent amount authorized.
9. If the Linn County subsidy is calculated to be less than twenty-five dollars (\$25.00), the request will be denied.

ITEM: Rent Subsidy Eligibility- Residential Services **No. 601.5**

Residential services include the licensed/accredited programs of ICF, ICFMR, RCF, RCFMR and RCFPMI. Residential services also include supported community living type arrangements if the home in which the client resides is either owned or leased by the agency providing residential services to the client. In most cases, HCBS-SCL daily rate sites and transitional living – level B sites are considered residential programs while HCBS-SCL hourly rate services and transitional living – level C sites are considered support services.

Clients enrolled in residential services but not qualified for State Supplemental Assistance may qualify for rent subsidy if the client's monthly maintenance cost exceeds the client's monthly income from all sources.

Clients seeking funding must complete the Request for Linn County Funding Form. To be eligible, a

copy of the Linn County Rent Subsidy Reimbursement Agreement must be attached to the Funding Form. A client budget detailing income and maintenance cost must be attached.

Allowable maintenance costs include the client's portion of rent and utilities, a monthly food/non-food allowance of \$195, a personal allowance, a \$25 clothing allowance, and an allowance for the client's unmet medical expenses. Some allowances are limited, if the client has no income. Utilities may include the basic service cost for a phone; long distance charges or other phone enhancement charges are not considered allowable expenses.

Unmet medical needs of the client include Medicare Part B premiums, Medicare Part D premiums, MEPD premiums and Medicare deductibles. All co-pays and over-the-counter (OTC) medications must be paid from the client's personal allowance. If co-pays and OTC medications exceed 50% of the PA, a request for exception may be initiated. If the exception is granted, it is only valid in the month the co-pays and OTC medications exceeds 50% of the PA. Coverage of private health insurance premiums and deductibles must be requested as an exception and will be considered on a case by case basis.

Clients' countable income must be less than maintenance costs, in order for the client to be eligible for funding. Countable income includes earned and unearned income from all sources. Countable income from earnings is limited to total earnings times 50%. Countable income also includes the value of food stamps.

Authorization for services is limited to one year. Clients must re-apply for services annually. During the enrollment year, changes in income status or maintenance costs should be reported to Linn County

ITEM: Residential Services Eligibility **No. 601.6**

Residential services include the licensed/accredited programs of ICF, ICFMR, RCF, RCFMR and RCFPMI. Residential services also include supported community living type arrangements if the home in which the client resides is either owned or leased by the agency providing residential services to the client. HCBS-SCL daily rate sites and transitional living – level B sites are considered residential programs while HCBS-SCL hourly rate services and transitional living – level C sites are considered support services.

Eligibility Criteria:

1. Applicant must have a diagnosis of chronic mental illness, mental retardation or developmental disability. Applicants with psychiatrically complicated substance abuse dependence or mild psychopathology with substance abuse, but who do not have serious and persistent mental illness, will not qualify for residential services.
2. Applicant must meet resource eligibility criteria, and be compliant with Transfer of Assets Policy.
3. Applicant must comply with residential placement reimbursement procedures.
4. Applicant must re-apply for service annually; authorization for service is limited to one year.
5. Applicants must sign an Interim Assistance Reimbursement Agreement if requested by the County.

6. Applicants who are qualified to receive nursing facilities level of care are ineligible for services.
7. The CPC Administrator must determine that the services requested will cost effectively address the needs of the applicant.
8. Linn County MH/DD Services Funds are funds of last resort; applicants eligible for other sources of funding, including but not limited to Foster Care, RTSS, “Wrap-Around”, children’s Decategorization, and Medicaid funds (e.g., ARO, HCBS), which could fund a like or similar service, are not eligible for Linn County MH/DD Services Funds. All applicants for residential services who are 65 or older must be evaluated by two nursing homes, selected by the County. If the applicant is denied for ICF level of care, the applicant must be evaluated for elder waiver funding eligibility. If ICF level of care and elder waiver funding is denied, and the reason for the denial was because the ICF facility and/or elder waiver provider could not deal with the applicant’s mental health problems, County funding for residential placement may be approved.

ITEM: Personal Allowance Eligibility **No. 601.7**

Clients in residential placements funded by Linn County may be eligible for a personal allowance if the client has no income. Clients must be 18 years or older to qualify. The monthly amount of personal allowance available to individuals receiving residential services is \$20. Authorization for service is limited to the earlier of one year or the length of time the client remains in residential placement funded by the County.

Clients living in the community who have an assigned case manager, or who receive Community Support Program (CSP) Services, Supported Community Living (SCL) – in less than 24 hour settings, or who receive P.A.C.T. (Program for Assertive Community Treatment) Services, and who have no income, may be eligible. The amount of personal allowance available to clients living in the community is equal to one-half the guideline established by the Social Security Administration. Funding will be limited to a maximum of 6 months or the period of time the client receives the listed services, whichever is less.

A request for personal allowance is submitted on the Service Authorization Request Form. The residential provider or the case manager must submit monthly invoices to initiate payments to clients.

ITEM: Medication/Medical Eligibility **No. 601.8**

Applicants receiving residential services funded by Linn County may be eligible for medication and/or medical funding. Residential services include the licensed/accredited programs of ICF, ICFMR, RCF, RCFMR and RCFPMI. Residential services also include other 24 hour programs, inclusive of ASAC’s full day programs and Tailored Living’s facility program.

Applicants will be referred to the Linn County MHDD Intake Office for the funding request and review. If approved, agency staff must accompany clients when picking up prescriptions from the pharmacy.

If the applicant has insurance coverage from other sources, the County is always considered the payer

of last resort. Applicants, who have Medicare, are required to enroll in Medicare Part D, before county funding or prescription deduction to client participation is allowed.

Applicants, who are indigent (no income) without insurance, may be authorized for funding of prescribed medications, supplies, and other medical services.

Applicants, who are indigent (no income) without insurance, may be authorized for funding of insurance premiums and deductibles, if it helps them obtain insurance. These requests are exceptions and will be considered on a case by case basis. All co-pays and over-the-counter (OTC) medications must be paid through the clients Personal Allowance (PA). If co-pays and OTC medications exceed 50% of the PA a request for exception may be initiated. If the exception is granted, it is only valid in the months the co-pays and OTC medications exceeds 50% of the PA. Applicants, whose income is more than the amount needed to cover the cost of maintenance, do not need to submit a request for county funding, until the medical costs, including insurance premiums, co-pays, OTCs and deductibles, exceed the applicant's monthly income. Medical costs, which do not exceed monthly income, should be covered by client's income and are allowed as deductions to Client Participation (CP), under the 'Resident Medical Need' section of the form. If the applicant's medical costs exceed monthly income, authorization for prescribed medications, supplies and other medical services may be approved. Whenever County funding is authorized for medical costs, supporting documentation must be attached to the invoice.

Applicants, who are SSA eligible, are not eligible for county funding to cover medical costs. This includes applicants, who have income from SSI and/or SSDI, which is less than the state's maintenance rate, but the facility where they reside does not participate in the SSA program.

The following medical services/medications are not covered by Linn County and are not allowed as a deduction to CP: Drug Abuse Screening, Urinalysis, Acne Products, Anabolic Steroids, Anorexiant, Cosmetic Alteration Drugs, Medical Devices, including diabetic supplies, Pen Needles, Fertility Drugs, Growth Hormones, Impotence Agents, Injectables and Vitamins (excluding pre-natal vitamins). Effective 7/1/11, medications covered by Pharmaceutical Assistance Program (PAP) and generic drugs, which have a brand name equivalent drug that is covered by a PAP, are not funded by Linn County.

Psychiatric Medication Eligibility

ITEM: - Persons Living Independently No. 601.9

Persons living independently or in apartments owned or leased by providers delivering Supported Community Living services, including MHDD Services and Transitional Living, may qualify for psychiatric medication funding. A list of covered medications is available on request. This list is updated periodically with input from a technical support group.

The following conditions must be satisfied to be eligible for Linn County funding.

1. Applicant must have a diagnosis of chronic mental illness (CMI), mental illness (MI), mental retardation (MR) or developmental disabilities (DD).
2. Applicant must be referred by a psychiatrist who has signed a Linn County Participation

Agreement.

3. Applicant must meet resource eligibility criteria and be compliant with the Transfer of Assets Policy.
4. Household income must be less than or equal to 150% of Federal Poverty Guidelines.
5. Applicant must not be eligible for private insurance that covers prescriptions.
6. Applicant must not be eligible for Title 19 or Medicare. Applicants who are eligible for the medically needy program may qualify for County funding equal to the spend down amount required by the medically need program.
7. Linn County MHDD Intake staff will assist the client with applying for the Pharmaceutical Assistant Program (PAP), if applicable. The applicant is eligible for county funding until he/she is approved by the PAP.
8. Applicants must complete an application for SSI, SSDI, Medicare, and/or Title 19, if requested by Linn County MHDD Intake staff.
9. The CPC Administrator must determine that the services requested will cost effectively address the needs of the applicant.

Application for services is made on the Linn County MHDD Service Funding Authorization Request. Applicant must provide proof of income, resources, and third party insurance before services are authorized. If approved, funding will be authorized for a maximum period of six months or when enrollment expires, whichever occurs first.

ITEM: Protective Payee Eligibility No. 601.10

Applicants requesting services after July 1, 1997 may be eligible for funding of Protective Payee Services if the following conditions are satisfied:

1. Applicant must have a diagnosis of mental illness, chronic mental illness, mental retardation or developmental disability.
2. The applicant must be determined to be in need of a payee by the Social Security Administration, the DHS FIP program, Veteran's Administration, or the Railroad Retirement program.
3. The applicant must comply with reimbursement procedures.
4. Applicant must be compliant with resource eligibility criteria. In the event this condition is not satisfied, the County will only fund the difference between the actual cost of service and the maximum fee which can be charged under federal law.
5. Linn County MH/DD Services Funds are funds of last resort; applicants eligible for other sources of funding, including but not limited to Foster Care, RTSS, "Wrap-Around", children's Decategorization, and Medicaid funds, which could fund a like or similar service, are not eligible for Linn County MH/DD Services Funds.

Clients receiving Protective Payee Services funded by Linn County prior to July 1, 1997 will continue to receive services without regard to the above conditions.

Applications for services are made on the Request for Linn County Funding Form. Authorization for service is limited to one year. Clients must re-apply for services annually

ITEM: Support and Treatment Services Eligibility No. 601.11

Support services are activities provided to a person to allow them to function in the least restrictive environment. Treatment services are activities designed to assist the person and family to maintain or improve physiological, emotional and behavioral functioning and to prevent conditions that would present barriers to a person's or family's functioning. Services covered by this policy include non-commitment transportation, respite care, adult day care, homemaker, supported community living activities not meeting the criteria of a residential program, therapy and treatment, adult day treatment, partial hospitalization, post commitment hearing hospitalization and community support programs.

Funding Eligibility Criteria:

1. Applicant must have a diagnosis of mental illness, chronic mental illness, mental retardation or developmental disability.
2. Household income must be less than or equal to 250% of Federal Poverty Guidelines.
3. The applicant's resources must be compliant with Policy 601.2
4. Applicant must be compliant with transfer of assets' policy.
5. Applicant must not be eligible for Title 19 or medically needy, if the service requested or a service similar to the requested service is covered by Title 19.
6. Applicant is subject to reimbursement procedures for support and/or treatment services.
7. The CPC Administrator must determine that the service requested will cost effectively address the needs of the applicant.

Service Limitations:

1. Transportation to daytime programming will only be provided to clients, who are participating in programs located in the city/town where they reside, if local programming is available.
2. Partial hospitalization will only be available to clients who are residing in the community and who have a mental health diagnosis of schizophrenia, bi-polar and/or schizo-affective disorder.
3. Borderline group therapy will only be available to clients residing in the community.

ITEM: Coordination Services Eligibility No. 601.12

Coordination services are activities designed to help individuals and families develop, locate, access, and coordinate a network of support and services that will allow them to live a full life in the community. Services include Title 19 Case Management, Non-Title 19 Case Management, general service coordination ("Counseling" services provided by SCCC) and the Central Point of Coordination (CPC) Services.

To be eligible for funding, the following criteria must be satisfied:

1. Applicant must have a diagnosis of mental illness, chronic mental illness, mental retardation or developmental disability.
2. The CPC Administrator must determine that the services requested will cost effectively address the needs of the applicant.
3. Non-Title 19 Case Management and Counseling Services will be limited by annual budget appropriations.

Application for services is made on the Request for Linn County Funding Form or the Case Management Application Form.

ITEM: Intensive Psychiatric Rehabilitation (IPR) Services Limitations No. 601.13

The following limitations apply to this service in addition to the eligibility criteria described for support and treatment services.

1. Clients requesting funding will be authorized at an amount not to exceed 105 hours over a three month period.
2. Clients with Medicaid through IME are eligible for funding; clients with Medicaid through MBC are not eligible.
3. Clients, who are in residential placement at a RCF, RCFMR, long-term dual diagnosis programs, or RCFPMI, are not eligible for County funding.
4. Clients who are currently receiving SAL, Case Management, Transitional Living, or ADT, must demonstrate that the IPR will be addressing areas that differ from those addressed in the above services, before funding will be authorized.

ITEM: Voluntary Hospitalization Program Eligibility No. 601.14

The Voluntary Hospitalization Program is a grant study project to determine the cost-effectiveness of local voluntary hospitalization versus using MHI for voluntary acute care psychiatric admissions. The program is not an entitlement, it has an annual cap on total expenditures, and will be renewed pending outcome studies.

Eligibility criteria:

1. Applicant must have an Axis 1 diagnosis other than substance abuse.
2. Applicant's household income must be less than 200% of the Federal Poverty guidelines based upon the number of people in the applicant's household.
3. Applicant must be compliant with resource eligibility criteria and the Transfer of Assets Policy.
4. Linn County MHDD Service Funds are funds of last resort. Applicants eligible for other sources of funding including but not limited to Medicare, Medicaid or other third party insurance are not eligible for funding.
5. Annual funding for the program is limited to the amount appropriated in the budget.
6. Applicant must be voluntarily admitted to the hospital.
7. Applicant can not be discharged from the hospital to MHI.
8. Applicant can not be committed during an admission to the hospital, for which voluntary hospitalization funding is requested.

Local hospitals would be reimbursed at a rate equal to 150% of the rate counties are required to pay for clients placed at MHI in Independence for a maximum of five days. Additionally, assigned psychiatrists would receive a one time reimbursement, at the rate identified in the provider contract .

Hospitals must complete the Service Authorization Request Form. Separate authorization for the psychiatrist is not necessary, as long as voluntary hospitalization funding has been approved. A notice of decision will be prepared authorizing hospitalization and psychiatric services, if appropriate.

All bills for reimbursement must be submitted within 90 days from the service date.

ITEM: Dual Diagnosis Program Eligibility**No. 601.15**

The general eligibility criteria applies to the local Area Substance Abuse Council's (ASAC) Dual Diagnosis Programs and the State's Dual Diagnosis Program provided at Mt. Pleasant. Criteria specific to each program follows the general eligibility listing.

General Eligibility:

1. Applicant must be compliant with the treatment plan, if applicable.
2. Applicant must have a recent history of mental health treatment.
3. Applicant's IQ must exceed 84.

Specific Eligibility (Mt. Pleasant):

1. Applicant must have an open mental health commitment.
2. Applicant must have a history of prior residential substance abuse treatment.
3. Applicant must meet diagnostic criteria. Applicant must be diagnosed with schizophrenia, major mood disorder with psychosis, or major depression. Applicants with a personality disorder diagnosis will be evaluated on a case by case basis.

Specific Eligibility (ASAC):

1. Applicant must be compliant with Resource Eligibility and Transfer of Assets Policy.
2. Applicants must have a mental health diagnosis of schizophrenia, bi-polar and/or schizoaffective disorder, in addition to a diagnosis of alcohol and/or drug addiction. Applicants with alcoholism and/or drug addiction, including both substance-induced and substance-exacerbated psychiatric disorders, and who have significant psychiatric symptomology and/or disability but who do NOT have serious and persistent mental illness, are not eligible for funding.

ITEM: Items Excluded from Monthly Gross Income**No. 601.16**

The following items are excluded from the computation of monthly gross income:

1. Per capita payments to, or funds held in trust for, any individual in satisfaction of a judgment of the Indian Claims Commission or the Court of Claims.
2. Payments made pursuant to the Alaska native Claims Settlement Act to the extent such payments are except from taxation under Section 21 (a) of the Act.
3. Money received from sale of property, such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property, in which case the new proceeds would be counted as income from self-employment).
4. Withdrawals of bank deposits.
5. Money borrowed.
6. Tax refunds.
7. Gifts.
8. Deposit reimbursements, rent reimbursements, or energy assistance reimbursements.

9. Lump-sum insurance payments or settlements. See examples following for treatment related to insurance payments.

Example A. If the insurance settlement money relates to payment for a car that was demolished in an accident and the client spends the money within a couple of days of receipt to replace the car, no income or resources related to the settlement should be recorded on mainframe. However, if the client elects not to replace the car or replaced the car with a vehicle of lesser value, the settlement should be recorded as a resource in the month of receipt.

Example B. If the insurance settlement money relates to payment for medical costs incurred and the client remits the payment to medical providers upon receipt, no income or resources related to the settlement should be recorded on mainframe. However, if the insurance settlement includes “punitive” damages, that portion of the insurance settlement should be recorded as a resource in the month of receipt.
10. Capital gains.
11. The value of the coupon allotment in the Food Stamp Program.
12. The value of USDA donated foods.
13. Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies of 1970.
14. Earnings of a child under 14 years of age. (No inquiry shall be made.)
15. Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs.
16. Any grant or loan to any undergraduate student for educational purposes made or insured under the Higher Education Act.
17. Home produce used for household consumption.
18. Payments or earnings received by any youth under the Job Training Partnership Act of 1982.
19. Agent Orange Settlement payments.
20. Moneys received under the federal Social Security Persons Achieving Self-Sufficiency (PASS) program or the Income Related Work Expenses (IRWE) program.

ITEM: Homemaker Limitation No. 601.17

The following limitations apply to this service in addition to the eligibility criteria described for support and treatment services.

1. Clients must have a diagnosis of chronic mental illness (CMI), mental retardation (MR), or developmental disability (DD).
2. Clients must be involved in one of the following services and be referred by a worker from one of these programs: targeted case management (CMI, MR, DD), community support program or PACT.
3. Clients must require assistance with two or more services including laundry, grocery shopping, housekeeping, and/or personal care.
4. Linn County MHDD Services Fund are funds of last resorts. Applicants eligible for other sources of funding, including but not limited to MR Waiver, Ill and Handicapped Waiver, Elderly Waiver and/or Iowa Department of Public Health, are not eligible for county funded homemaker services.

ITEM: Inpatient Limitation – Commitment/Voluntary Admission No. 601.18

The following limitations on county funding for inpatient hospitalization apply to people involved in the criminal system. People on parole, according to Iowa Code 255.29, are to be served at University Hospitals. People in jail, according to Iowa Code 904.201, are to be served at Oakdale. If a commitment is initiated on people who are on parole or in jail, Linn County MHDD would be responsible for inpatient costs associated with the commitment.

People on probation should either be committed under Chapter 229 or follow procedures to obtain authorization for voluntary hospitalization.

ITEM: Post Commitment Hospitalization No. 601.19

Linn County will reimburse local hospitals for people in need of continued inpatient care as determined during a mental health commitment hearing. A Notice of Decision authorizing funding must be processed prior to billing. The Notice of Decision will have a closing date of 60 days following admission for data management purposes only; the close date will not be enforced.

Additionally, Linn County will allow payment to local hospitals for people, who have been ordered by the court to a residential program, if the residential program is not able to immediately place the clients. Clients awaiting placement for a residential program will be funded for a maximum period of seven days.

The CPC Administrator will determine that the service requested will cost effectively address the needs of the client. Clients must meet income and resource guidelines. Additionally, these clients can not be covered by other insurers.

If approved, payment to the hospitals will be at the same rate paid to MHI. Payment will be made for the day of admission, but not the day of discharge.

If the client is not enrolled, an Enrollment Form and Service Authorization Request must be completed by hospital social workers. The Intake Coordinator may contact the hospital to talk with those clients who are not enrolled in the system. Funding may be approved, after legal settlement has been determined, even if income, resources and proof of identification has not been verified.

ITEM: Definitions No. 601.20

County of Residence: The county in Iowa where, at the time an adult applies for or receives services, the adult is living and has established an ongoing presence with the declared, good-faith intention of living permanently or for an indefinite period. The county where a person is “living” does not mean the county where a person is present for the purpose of receiving services in a hospital, a correctional facility, a halfway house for community corrections or substance abuse treatment, a nursing facility, an intermediate care facility for persons with mental retardation, or a residential care facility or for the purpose of attending a college or university. Otherwise, the county where the adult is physically present and receiving services shall be the county of residence.

People, who are in 3-5 bed 24 hour HCBS or habilitation Supported Community Living sites, are

considered to have residence in the county in which they reside.

The county of residence of an adult who is a homeless person is the county where the adult usually sleeps.

Dependent: A dependent must meet all of the following criteria

Relationship: A dependent may include a son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister or descendant of any of any of them (for example a grandchild, niece of nephew).

Age: A dependent must be under the age of 19 or under the age of 24, if he/she is a student.

Support: Over half of the support for the dependent, must be provided by the parent(s), parent and domestic partner, stepparents or guardians, to include the dependent in the household.

Domestic Partner: Persons living together in a relationship, who hold themselves out to be married, by entering into joint mortgages, leases, vehicle ownership and/or who are beneficiaries of health/life insurance and/or receiving benefits from a cohabitant's employer or insurance carrier.

Household when the consumer is 18 years of age or older and is not listed as a dependent on the parent's tax return: The "household" includes the consumer, the consumer's spouse or domestic partner and any children, stepchildren or wards under the age of 18, who reside with the consumer.

Household when the consumer is under the age of 18 OR the consumer is a student, is 18 years of age or older and is listed as a dependent on the parent's tax return.

The "household" includes the consumer, the consumer's parent(s), consumer's parent and domestic partner, stepparents or guardians and any of their children, stepchildren, or wards under the age of 18.

What Types Of Services Are Available?

The following matrix lists all of the services funded by Linn County. The services are organized by the State definitions of services. A detailed list of service definitions follows the table. The numbers in the table next to the service listing are State codes, used only for our state report. An “X” in the box under the diagnosis (MI=Mental Illness, CMI=Chronic Mental Illness, MR=Mental Retardation, and DD=Developmental Disability) means that we fund that service for that diagnosis if other eligibility guidelines such as income are met. BI=Brain Injury, and Linn County funds some pilot projects for people with Brain Injuries; but otherwise people with brain injuries are ineligible for Linn County funding. Contact the CPC office for more information about services available for people with brain injuries.

Matrix for Linn County Funded Services

SERVICE	MI	CMI	MR	DD	BI
4x03 <u>Information and Referral</u>	X	X	X	X	
4x04 <u>Consultation.</u>	X	X	X	X	
4x05 <u>Public Education Services</u>	X	X	X	X	
4x06 <u>Academic Services.</u>			X		
4x11 <u>Direct Administrative.</u>	X	X	X	X	
4x12 <u>Purchased Administrative</u>					
4x21- <u>374 Case Management- Medicaid Match.</u>		X	X	X	
4x21- <u>375 Case Management -100% County Funded</u>		X	X		
4x21- <u>399 Other.</u>		X	X		
4x22 <u>Services Management.</u>	X	X	X	X	
4x31 <u>Transportation (Non-Sheriff).</u>	X	X	X	X	
4x32- <u>320 Homemaker/Home Health Aides.</u>		X	X	X	
4x32- <u>321 Chore Services</u>		X	X	X	
4x32- <u>322 Home Management Services</u>		X	X	X	
4x32- <u>325 Respite.</u>		X	X	X	
4x32- <u>326 Guardian/Conservator.</u>		X	X	X	
4x32- <u>327 Representative Payee</u>		X	X	X	
4x32- <u>328 Home/Vehicle Modification</u>			X		
4x32- <u>329 Supported Community Living</u>	X	X	X	X	
4x32- <u>399 Other.</u>					
4x33- <u>345 Ongoing Rent Subsidy.</u>		X	X	X	
4x33- <u>399 Other</u>					
4x41- <u>305 Outpatient</u>	X	X	X	X	
4x41- <u>306 Prescription Medication.</u>	X	X	X	X	
4x41- <u>307 In-Home Nursing</u>			X		
4x41- <u>399 Other</u>					
4x42- <u>305 Outpatient</u>	X	X	X	X	
4x42- <u>309 Partial Hospitalization.</u>	X	X	X	X	
4x42- <u>399 Other.</u>					
4x43- <u>Evaluation.</u>	X	X	X	X	

SERVICE	MI	CMI	MR	DD	BI
4x44- <u>363 Day Treatment Services</u>	X	X	X	X	
4x44- <u>396 Community Support Programs</u>	X	X	X	X	
4x44- <u>397 Psychiatric Rehabilitation</u>		X			
4x44- <u>399 Other</u>					
4x50- <u>360 Sheltered Workshop Services.</u>	X	X	X	X	
4x50- <u>362 Work Activity Services</u>		X	X	X	
4x50- <u>364 Job Placement Services.</u>	X	X	X	X	
4x50- <u>367 Adult Day Care.</u>	X	X	X	X	
4x50- <u>368 Supported Employment Services</u>	X		X		
4x50- <u>369 Enclave</u>	X		X		
4x50- <u>399 Other.</u>					
4x63- 310 <u>Community Supervised Apartment Living Arrangement</u> 1-5 Beds		X	X	X	
4x63- 314 <u>Residential Care Facility</u> (RCF License) 1-5 Beds		X	X	X	
4x63- 315 <u>Residential Care Facility For The Mentally Retarded</u> 1-5 Beds			X	X	
4x63- 316 <u>Residential Care Facility For The Mentally Ill</u> 1-5 Beds		X	X	X	
4x63- 317 <u>Nursing Facility</u> (ICF, SNF or ICF/PMI License) 1-5 Beds			X		
4x63- 318 <u>Intermediate Care Facility For The Mentally Retarded</u> 1-5 Beds		X	X	X	
4x63- 329 <u>Supported Community Living</u>		X	X	X	
4x63- 399 <u>Other</u> 1-5 Beds.			X		
4x64- 310 <u>Community Supervised Apartment Living Arrangement</u> 6-15 Beds		X	X	X	
4x64- 314 <u>Residential Care Facility</u> (RCF License) 6-15 Beds		X	X	X	
4x64- 315 <u>Residential Care Facility For The Mentally Retarded</u> 6-15 Beds			X		
4x64- 316 <u>Residential Care Facility For The Mentally Ill</u> 6-15 Beds		X	X	X	
4x64- 317 <u>Nursing Facility</u> (ICF, SNF or ICF/PMI License) 6-15 Beds		X	X	X	
4x64- 318 <u>Intermediate Care Facility For The Mentally Retarded</u> 6-15 Beds			X	X	
4x64- 399 <u>Other</u> 6-15 Beds..					
4x65- <u>310 Community Supervised Apartment Living Arrangement</u> >15Beds					
4x65- 314 <u>Residential Care Facility</u> (RCF License) 16 and over Beds		X	X	X	
4x65- 315 <u>Residential Care Facility For The Mentally Retarded</u> >15 Beds			X	X	
4x65- 316 <u>Residential Care Facility For The Mentally Ill</u> >15 Beds		X	X	X	

SERVICE	MI	CMI	MR	DD	BI
4x65- 317 <u>Nursing Facility (ICF, SNF or ICF/PMI License) >15 Beds</u>		X	X	X	
4x65- 318 <u>Intermediate Care Facility For The Mentally Retarded</u>			X	X	
4x65- 399 <u>Other 16 and over Beds..</u>					
4x71- 319 <u>Inpatient/State Mental Health Institutes</u>	X	X	X	X	
4x71- 399 <u>Other</u>	X	X	X	X	
4x72- 319 <u>Inpatient/State Hospital Schools</u>			X	X	
4x72- 399 <u>Other.</u>					
4x73- 319 <u>Inpatient/Community Hospital</u>	X	X	X	X	
4x73- 399 <u>Other</u>	X	X	X	X	
4x74- 300 <u>Diagnostic Evaluations Related To Commitment.</u>	X	X	X	X	
4x74- 353 <u>Sheriff Transportation</u>	X	X	X	X	
4x74- 393 <u>Legal Representation for Commitment</u>	X	X	X	X	
4x74- 395 <u>Mental Health Advocates</u>	X	X	X	X	
4x74- 399 <u>Other</u>					

All services except commitments, emergency evaluations and outpatient psychiatric services must have prior authorization (approval in a Notice of Decision). The level of service requested must meet the level of need identified in the funding request. Lack of progress or lack of continued need will result in discontinuation of funding.

SERVICE DEFINITIONS

Academic Services refers to basic information and skills such as reading, writing and math which establish the basis for subsequent acquisition and application of knowledge.

Adult Day Care is for structured activities provided in a setting specifically designed to serve persons with disabilities.

Case Management - 100% County Funded are activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that will allow them to live a full life in the community when the county is funding 100% of the cost of case management.

Case Management- Medicaid Match are activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that will allow them to live a full life in the community when the county is paying 50% of the non-federal share of Medicaid funded case management.

Chore Services is for services such as window and door maintenance including hanging screens, replacing windowpanes and washing windows; minor repairs to walls, floors, stairs, railings and handles; heavy cleaning which includes attics or basements to remove fire hazards, moving heavy furniture, extensive wall washing, floor care or painting and trash removal; and yard work such as mowing lawns, raking leaves and shoveling walks.

Community Supervised Apartment Living Arrangement are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements.

Community Support Programs is for comprehensive programs to meet individual treatment and support needs of consumers which enable consumers with a chronic mental illness, mental retardation, or a developmental disability to live and work in a community setting.

Consultation means advisory activities directed to a service provider to assist the provider in delivering services to a specific person, or advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems; or addressing other concerns in the provider's own organization.

Day Treatment Services is for individualized services emphasizing mental health treatment and intensive psychiatric rehabilitation activities designed to increase the consumer's ability to function independently or facilitate transition from a residential placement.

Diagnostic Evaluations Related To Commitment is used when an evaluation is performed related to a commitment under Iowa Code.

Direct Administrative includes expenses necessary to manage the service system if county employees perform the administrative duties.

Enclave is for support provided to consumers based at one competitive job site where two or more consumers are receiving support services simultaneously. The support staff maintains continuous presence on the job site.

Guardian/Conservator is for activities provided as required by the court system to handle the personal business of the individual.

Home Management Services is for personal emergency response systems covered under Home and Community Based Waivers.

Home/Vehicle Modification is for physical modifications to the consumer's home environment and/or vehicle which are necessary to provide for the health, welfare, and safety of the consumer, and which enable the consumer to function with greater independence in the home or vehicle including home/vehicle modification covered under Home and Community Based Waivers.

Homemaker/Home Health Aides is for personal care or direct care services provided to people in their own homes including essential shopping, limited housecleaning or other incidental household services, meal preparation and other activities of daily living, help with hygiene, help with ambulation, etc.

Information and Referral are activities designed to provide facts about resources that are available and help to access those resources.

Inpatient/Community Hospital is for inpatient expenses incurred at community based hospitals, either private or public.

Inpatient/State Hospital Schools is for per diem charges at State Hospital Schools; Glenwood and Woodward.

Inpatient/State Mental Health Institutes is for per diem charges at the Mental Health Institutes; Cherokee, Clarinda, Independence, and Mount Pleasant.

Intermediate Care Facility For The Mentally Retarded are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements with an ICF/MR license.

Job Placement Services is for services intended to assist persons to choose, obtain, and retain employment in the community or in their own businesses. Services are provided in a setting established for use by the general public.

Legal Representation for Commitment is used when legal services are provided related to a commitment under Iowa Code.

Mental Health Advocates is used when individual or systems advocacy is provided by a mental health advocate.

Nursing Facility are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements with an ICF, SNF or ICF/PMI license.

Ongoing Rent Subsidy is for on-going rent support provided through an organized program to allow the individual to maintain an affordable home in the community.

Partial Hospitalization is an active treatment program providing intensive group and clinical services within a structured therapeutic environment for those consumers who are exhibiting psychiatric symptoms of sufficient severity to cause significant impairment in day-to-day functioning.

Physiological In-Home Nursing includes nursing services provided through HCBS Waiver and Model Waiver in the person's home.

Physiological Outpatient is used for activities designed to prevent, halt, control, relieve or reverse symptoms or conditions which interfere with the normal physiological functioning of the human body.

Prescription Medication is used for all costs for prescription medication, including medication prescribed for psychiatric conditions.

Psychiatric Rehabilitation is for individualized services designed to increase the consumer's ability to function independently to prevent or reduce the need for services in a hospital or residential setting, and to promote the consumer's recovery of the ability to perform a valued role in society.

Psychotherapeutic Evaluation is for screening, diagnosis and assessment of individual and family functioning, needs, abilities, and disabilities, and determining current status and functioning, recommendations for services, and need for further evaluations. Evaluations consider the emotional, behavioral, cognitive, psychosocial, and physical information as appropriate and necessary.

Psychotherapeutic Outpatient is for planned processes in which the therapist uses professional skills, knowledge and training to enable consumers to realize and mobilize their strengths and abilities; take charge of their lives; and resolve their issues and problems. Include crisis intervention programs.

Public Education Services means activities provided to increase awareness and understanding of the causes and nature of conditions or situations which affect a person's functioning in society. Services focus on the following:

- a. prevention activities, which are designed to convey information about the cause of conditions, situations, or problems that interfere with a person's functioning or convey ways in which the knowledge acquired can be used to prevent their occurrence or reduce their effect
- b. public awareness activities, which convey information about:
 - 1) the abilities and contributions to society of all people;
 - 2) the causes and nature of conditions or situations which interfere with a person's ability to function; and
 - 3) the benefits that providing services and supports have for the community and for the individual. Activities should include educational and informational techniques that promote the person as an integral part of society and eliminate social and legal barriers to that acceptance

Purchased Administrative includes expenses necessary to manage the service system if the county purchases the administrative functions from another entity.

Representative Payee is for activities provided to manage an individual's finances.

Residential Care Facility are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements with an RCF license.

Residential Care Facility For The Mentally Ill are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements with an RCF/PMI license.

Residential Care Facility For The Mentally Retarded are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements with an RCF/MR license.

Respite is for temporary care to a consumer to provide relief to the usual informal caregiver and provide all of the care the usual caregiver would provide.

Services Management is used for activities designed to help individuals and families identify service needs and coordinate service delivery but which do not constitute case management as defined by the Mental Health and Mental Retardation Commission.

Sheltered Workshop Services is for services provided by a facility carrying out a recognized program of rehabilitation, habilitation, or education for persons with disabilities, designed to lead to competitive employment, or provision of long-term, remunerative employment.

Sheriff Transportation is used when transportation is provided related to a commitment under Iowa Code.

Supported Community Living is for services and supports determined necessary to enable consumers to live and work in a community setting where the consumer is living with family alone or with other consumers in a house or apartment. Services are directed to enhancing the consumer's ability to regain or attain higher levels of independence, or to maximize current levels of functioning.

Supported Employment Services is for paid, competitive employment for people with disabilities and a demonstrated inability to gain and maintain traditional employment. Support provided to an individual in a competitive job is on a one to one basis. Supported employment occurs in a variety of normal, integrated business environments. Includes paid minimum wage or better, support provided to obtain and maintain jobs; and promotion of career development and workplace diversity.

Transportation (Non-Sheriff) is for services for consumers to conduct business errands or essential shopping, to receive medical services not reimbursed through TXIX, to go to and from work, recreation, education or day programs, and to reduce social isolation.

Work Activity Services is for services for those individuals whose impairment severely reduces their productive capacity and which are designed to enable them to move to their appropriate training programs or employment.

Other is used for any expenses not captured in above categories.

Who Provides the Services?

Linn County has a contracting process, and a listing of providers to whom payments are made is below. As can be seen from the listing on the following pages, Linn County's provider network includes a wide variety of service alternatives, from inpatient to supported community living and from adult day care to supported employment. Such a provider network enables Linn County to provide the full array of services required by individualized assessment of consumer needs/desires and service planning based on those assessments.

PROVIDER NETWORK

Organization Name	Service Type(s)
A AVE PHARMACY	PRESCRIPTION MEDICATION
ABBE CENTER FOR COMM. CARE	RCF,RCFPMI
ABBE CENTER FOR MENTAL HLTH	TT,SCL,ADT,TCM, EMERG., CSP PACT, CONS, CA,SSC, CM
ADVANCEMENT SERVICE	SCL, WAC
AGING SERVICES/MILESTONES ARC	ADC, RESPITE, SENIOR MENTAL HLTH SCL, RESPITE
AREA PAYEE SERVICES	PROTECTIVE PAYEE
AREA RESIDENTIAL CARE, INC.	SW, SE
AREA SUBSTANCE ABUSE COUNCIL	DUAL DIAG
B & D	SAL
BACKBONE AREA COUNSELING CNTR	SCL, MED CHECK, TT
BENTON COUNTY OPPORTUNITIES	WAC, SE
BRIDGEWAY	TT, SCL, RESPITE
CAMP COURAGEOUS OF IOWA CASS	RESPITE SE, SW, WAC, SCL,ADC, JOB DEV, JOB COACHING
CEDAR CENTRE PSYCHIATRIC GROUP	TT
CEDAR RAPIDS RECREATION DEPT	TT
CEDAR VALLEY COMM. SUPP SVC	SCL
CENTER VILLAGE	RCF
CHATHAM OAKS	RCF
CHILDREN AND FAMILIES OF IOWA	PAYEE SERVICES
COMMUNITY CARE	RCF, RCFPMI
COMMUNITY CARE GLENWOOD	ICFMR
COMPREHENSIVE SYSTEMS	ICFMR, WAC, SCL
COVENANT HEALTH CLINIC	TT, INPATIENT
COUNTRY LIFE HEALTH CARE	RCF
COUNTRY VIEW NURSING FACILITY	ICF/MR
COUNTRY VIEW ESTATES	RCF, WORK SVC
CREATIVE COMMUNITY	HCBS/SCL
CREDIT COUNSELING & DEBT MGMT	PAYEE SERVICES HCBS-SCL, SAL, RCF/MR

CREST HOME	
DAC, INC	SW, WAC
DEPT OF CORRECTIONAL SVC	DUAL DIAG
DIAMOND LIFE HEALTH CARE	RCF
DISCOVERY LIVING	HCBS/SCL
EYERLY-BALL CMH	TT
EXCEPTIONAL OPPORTUNITIES	WAC, HCBS, SE, CSALA
EXCEPTIONAL PERSONS	RCFMR, SAL
FAMILY PSYCHOLOGY	TT
ASSOCIATES	TT
FOUNDATION 2	TT
FOUR SEASONS COUNSELING	
CNTR	
FREEDOM HOUSE	TT
G & G LIVING CENTER	ICFMR, SCL, WAC, SW, ENCLAVE
GENESIS DEV	SE, ADC, WAC, HCBS/MR, CSALA
GOODWILL OF THE HEARTLAND	SE, SW, PACT, CBA
GOODWILL OF THE HEARTLAND	SPECIAL GRANTS(TRNSP,CM)
GOODWILL OF NE IA	CSALA, SE, SW, WAC
HARMONY HOUSE	ICFMR
HILLS AND DALES	ICFMR, SCL
HILLCREST FAMILY SERVICES	RCF, PMI, SCL, PSYCH. REHAB, CSALA,
	RESPITE
HOME INSTEAD SENIOR CARE	HOMEMAKER SERVICES
HOMESTEAD LIVING	ICFMR
INDIANOLA RESIDENTIAL	RCF
JULIEN CARE FACILITY	RCF, RCF/PMI
KARRINGTON COTTAGES	RCF
KATHLEEN'S CARE	ICFMR, RCF, RCF/PMI
KELLY'S COURT-NO. CNTRL	ICFMR
KIRKWOOD SKILLS	SE
LARRABEE CENTER	SW, VOC TRNG, SCL
LIFE SKILLS	SCL, RESPITE, SUPP. AGING SVC, CSALA
LINK ASSOCIATES	ADC, WAC, SUPP. EMP.
LINN HAVEN, INC.	SAL, SCL
LUTHERAN FAMILY SVCS OF IA	CSP
MAPLE BROOK SCHOOL	SW
MARTIN LUTHER HOMES	SE, CM
MEDIAPOLIS CARE FACILITY	RCF
MENTAL HLTH CNTR OF MID-IA	TT
MENTAL HLTH CNTR OF NO. IA	TT, MED. MGMT
MERCY MEDICAL CENTER	INPATIENT, TT
MHDD (LINN COUNTY)	CM, PP, SAL, IHS, RESPITE, COUNSELING
MID EASTERN IA CMH CNTR	TT, SCL, ADT, CLUB HOUSE
MID IOWA WORKSHOPS	SW
NEW HOPE VILLAGE, INC	ICFMR
NEW HORIZONS	ICFMR
NORTH CENTRAL HUMAN SVC	SE, JOB COACH

NORTH EAST IA MH	TT, MED MGMT
NORTH IA TRANSITIONAL CENTER	RCFPMI, CSALA, VOC, RESPITE
NORTH IA VOCATIONAL	SW, WAC, COMM. EMPLOYMENT, SE
NORTHEAST IA MHC	TT, CSP, ADT
OPPORTUNITY VILLAGE	ICFMR, RCFMR, WAC, ELDER/RES SVC, CSALA
OPTIMAE	RCF, RCFPMI, ICFPMI, SCL, TT
OPTIONS OF LINN COUNTY	WAC, SW, ENCLAVE, COMP, LEASE, JOB P, ICFMR
PARK PLACE	RCF, SCL, ADC
PARTNERSHIP FOR PROGRESS INC	TT
PATHWAYS BEHAVIORAL SERVICES	PAYEE
PAYEE SERVICES AND SOLUTIONS	RCF
PAYEE SERVICES AND SOLUTIONS	PAYEE
PENN CENTER	RCF
PLAINS AREA MHC	TT
PRAIRIE VIEW MGMT.	RCF
PROGRESS INDUSTRIES	SW, SE, ENCLAVE, SCL
PSYCHIATRIC ASSOC. OF NE IA	TT, MED MGMT
REACH FOR YOUR POTENTIAL	SCL
REM DEVELOPMENTAL	SW, SE, WAC
REM-IOWA COMM. SERV.	ICFMR, SCL, RESPITE, RCFMR, SE, ENCLAVE, BI, TT, CSP
RICHMOND CMH CNTR	WAC, SW, SE
RURAL EMPLOYMENT ALTERNATIVES	
SENIOR'S ACTIVITIES CENTER	ADC, RESPITE
ST. LUKE'S HOSPITAL	INPATIENT, PART. HOSP., TT, HOME CARE
STONEY RIDGE	TT
STORY CO. COMM. LIFE	HCBS/SCL
SUCCESSFUL LIVING	CSALA
SYSTEMS UNLIMITED	HCBS/SCL, WAC, RESPITE, RCFMR, CSALA
TANAGER PLACE	TT
TENCO INDUSTRIES	RCF, SE, CSALA
TERRACE VIEW RESIDENTIAL	RCF
TO THE RESCUE	HOMEMAKER, ADC
TOUCHSTONE BEHAVIORAL HEALTH	TT
UNLIMITED OPPORTUNITIES	WAC, TRANSPORTATION
VERA FRENCH	RCF
VODEC	SW, SE
WCDC	WAC
WEST MUSIC	TT

Abbreviations Code:

ADC = Adult Day Care

ADT = Adult Day Treatment

CSALA = Community Supervised Apartment Living Arrangement

CSP = Community Support Program

HCBS = Home and Community Based Service funded by Medicaid (Title 19).

ICFMR = Intermediate Care Facility for Mentally Retarded

MHI = Mental Health Institute

RCF = Residential Care Facility;

RCFMR = RCF for Mentally Retarded

RCFPMI = RCF for People with Mental Illness

SCL = Supported Community Living

TT = Therapy and Treatment

Voc.SW = Vocational Sheltered Workshop

Voc.WAC = Vocational Work Activity Center

Voc.ADC = Vocational Adult Day Care

Voc.SE = Vocational Supported Employment

TCM = Targeted Case Management

Will I Have To Pay For My Services?

Consumers might have to pay for the cost of their service depending on income and savings or other resources. The amount that they have to pay varies, depending on the service. These policies are detailed below.

Residential

The following reimbursement procedures are applicable to MH/DD clients receiving residential funding from Linn County for maintenance and service costs. Residential services include the licensed/accredited programs of ICF, ICFMR, RCF, RCFMR and RCFPMI. Residential services also include supported community living type arrangements if the home in which the client resides is either owned or leased by the agency providing residential services to the client. HCBS-SCL daily rate sites and transitional living – level B sites are considered residential programs while HCBS-SCL hourly rate services and transitional living – level C sites are considered support services.

All of a client's earned and unearned income shall be applied to meet the cost of the client's care in a residential program after the following disregards are applied in the following order:

1. When income is earned, \$65 of monthly earned income plus 50% of any earned income over \$65, up to a maximum of \$1,500/month of earned income.
2. Personal needs allowance as determined by the Iowa Department of Human Services.
3. Funds to meet the basic needs of a spouse and dependent children living in the home of the client will be calculated as an amount equal to 150% of federal poverty guidelines minus the spouse's and dependent's income. If the dependent does not live at the client's home, current period court ordered child support payments will be an allowable deduction unless the client is a SSDI recipient or if client earnings, after client participation, is sufficient to cover the child support payment.
4. Any established unmet medical need of the resident. Established unmet medical needs of the resident, excluding private health insurance premiums and Medicaid co-payment expenses, shall be deducted from the client's income before client participation is established. Unmet medical need shall include supplemental insurance coverage for people receiving Medicare, MEPS premiums, and expenses associated with a Med-i-planner.

5. Any established unmet medical needs of the spouse and dependent if a diversion for their basic needs is also being made. Unmet medical needs of the spouse at home, exclusive of health insurance premiums and Medicaid co-payment expenses, shall be an additional deduction when the countable income of the spouse at home is not sufficient to cover those expenses. Unmet medical needs of the dependent living with the spouse at home, exclusive of health insurance premiums and Medicaid co-payment expenses, shall also be deducted when the countable income of the dependent and the income of the parent at home that exceeds 150% of federal poverty guidelines is not sufficient to cover the expenses.
6. In the month of admission to and discharge from a residential placement, the expenses of an independent living arrangement will be considered. These residents may retain enough income to meet maintenance or living expenses connected with the independent living arrangement.

Residential vendors are responsible for the collection of client participation. The County is billed for services at the contract rate less client participation. If the Funding Request Form indicates that a client has no resources, the Administrative Assistant will note on the Request Form that funding for the requested placement is contingent on receipt of a signed Interim Assistance Reimbursement Agreement (IAR).

Support/Treatment Services

Clients receiving Support and/or Treatment Services are subject to the following client participation fee schedule. The schedule is based upon the Federal Poverty Guidelines per number of household members. The number of household members includes the client's spouse if living together and all persons who reside with the client who are dependents as defined in the Internal Revenue Code (Chapter 25 U.S.C. 152).

However, if the client and the client's spouse are both receiving MH/DD Services, the amount of client participation assessed will be the lessor of the fee assessed for a single person or the fee assessed for the number of people in the household.

Household Income as a % of Federal Poverty Guidelines	Client Participation Fee - % of Service Cost
Less than 150%	0%
150% to less than 175%	20%
175% to less than 200%	40%
200% to less than 225%	60%
225% to less than 250%	80%
250% +	100%

Providers are responsible for the collection of client participation fees. The County will be billed for client services at the contract rate less client participation.

The "Federal Poverty Guidelines" change every year. Following is a listing of Federal Poverty Guidelines in effect on July 1, 2011, listing the monthly dollar amount for each percentage and number in family.

FEDERAL POVERTY GUIDELINES MONTHLY INCOME

FAMILY SIZE	80%	90%	100%	150%	175%	200%	225%	250%
1	726	817	908	1,362	1,589	1,816	2,043	2,270
2	981	1,103	1,226	1,839	2,146	2,452	2,759	3,065
3	1,235	1,390	1,544	2,316	2,702	3,088	3,474	3,860
4	1,490	1,677	1,863	2,795	3,260	3,726	4,192	4,658
5	1,745	1,963	2,181	3,272	3,817	4,362	4,907	5,453
6	1,999	2,249	2,499	3,749	4,373	4,998	5,623	6,248
7	2,254	2,536	2,818	4,227	4,932	5,636	6,341	7,045
8	2,509	2,822	3,136	4,704	5,488	6,272	7,056	7,840

Factors That Might Affect How Much You Pay

Unearned Income Recognition: Social Security, SSI, SSI Pension and other unearned income sources are recognized in the month of receipt. For example, SSI received on October 3rd would be used in the October calculation of client participation.

Earned Income Recognition: Earnings are recognized one month following the month of receipt. For example, earnings paid on September 8th and 22nd would be used in the October calculation of client earnings

Resident Medical Need Deduction Recognition: Deductions to client participation for unmet medical needs of the client are recognized at the time the expense is billed to the client. Normally, only those medical expenses incurred during the funding request authorization period can be used to calculate client participation for a particular month.

Basic Need of Spouse/Dependent Recognition: Spouse and dependent income used to calculate basic needs is recognized when the income is received.

Other Deductions Recognition: For people being served in residential programs, deductions for court ordered child support, spouse medical need and dependent medical need is recognized in the period paid.

What If I Am Approved To Receive Funding But There Is Not Enough Money?

Applicants for MHDD Services Funds who are found to be eligible for funding shall be placed on a waiting list at the CPC office if, at the time of their application, the MHDD Services Funds are projected to be fully encumbered for the Fiscal Year. In addition, if funds are projected to be fully encumbered, a waiting list shall also be kept by the CPC on people currently receiving services who are seeking additional or different services. Waiting list data will be made available during community planning sessions so that service priorities can be assessed. As funds become available, people on the waiting lists shall be approved for admission based on the following criteria:

1. People who, if they did not receive the service for which they are applying, would likely access a mandated service, shall be considered first. The CPC shall gather sufficient data from current service providers, if any, and from the consumer in order to determine the extent to which the applicant would likely access a mandated service.
2. People with the most severe need for service shall be considered next. Examples of "severe need" include: being homeless without the service, children in foster care who are becoming adults and ineligible for state funding, dependent adults in abusive or neglectful situations, situations where the caretaker is subject to violence or aggressiveness by the consumer, and people who need service in order to avoid legal problems including jail.
3. People applying for services which have been designated by Linn County as high priority services shall be considered next.
4. If all other criteria are equal, the applicant with the earliest date of application shall be considered next.

People who are coming off of the waiting list can have access to whatever services they qualify for based on our Service Matrix.

The following services will not be placed on the waiting list.

- Medication Management, Evaluation or Mental Health Therapy by a psychiatrist, psychologist or mental health therapist.
- Psychiatric Medications currently covered.
- Partial Hospitalization
- 10 hours of SCL for people with Mental Illness for 2 months who are being discharged from the hospital.
- 10 hours of SCL for 6 months for people with Chronic Mental Illness who are being discharged from the hospital.

Admission to services is also dependent on the availability of the service, and situations could arise in which applicants who are lower on the order of criteria are admitted ahead of applicants who are higher on the order for the reason that the higher priority service is unavailable. People who have applied for Medicaid funding under the Home and Community Based Services program and who have been placed on the Linn County Waiting List for HCBS Services will be admitted based on the date of their HCBS application, as required by federal law.

What Should I Expect From My Services?

You should expect to have results from your services. Linn County has adopted the National Accreditation Council Outcome Measures by which we determine whether or not providers achieve results. The following outcomes are what you should expect from your services.

OUTCOME MEASURES

I. CONSUMERS ARE RESPONSIBLE FOR THEIR OWN LIVES

- Consumers choose the services they need.
- Consumers choose personal goals.
- Consumers choose where and with whom they live.
- Consumers choose where they work
- Consumers choose how they spend their free time.
- Consumers choose their daily routine.

II. CONSUMERS ACHIEVE SELF SUFFICIENCY

- Consumers achieve their goals.
- Consumers have economic resources
- Consumers have insurance to protect their resources.

III. CONSUMERS ARE SAFE AND HEALTHY

- Consumers receive services in environments that are safe.
- Consumers are free from abuse and neglect.
- Consumers have health care services.
- Consumers have the best possible health.
- Consumers experience continuity and security.

IV. CONSUMERS HAVE RIGHTS

- Consumers exercise their rights
- Consumers are afforded due process if their rights are limited.
- Consumers are respected.
- Consumers have time, space, and opportunity for privacy.
- Consumers have and keep personal possessions.
- Consumers decide when to share personal information.

V. CONSUMERS ARE INCLUDED IN THEIR COMMUNITY

- Consumers participate in the life of their community.
- Consumers interact with other members of the community
- Consumers perform different social roles.
- Consumers have friends.
- Consumers have intimate relationships.
- Consumers are connected to natural support networks.
- Consumers live and work in integrated environments.
- Consumers use their environments.

VI. CONSUMERS ARE SATISFIED

- Consumers are satisfied with their services.
- Consumers are satisfied with their personal life situations.

What Are My Rights And Responsibilities?

Rights

- ◆ You have the right to freedom from unlawful discrimination based on race, color, creed, citizenship, national origin, sex, religion, disability, sexual preference, or illness.
- ◆ You have the right to make decisions about your life.
- ◆ You have the right go where you want and live where you want, unless the court orders you to live in a certain place. You have the right to choose where you want to work.
- ◆ You have the same rights as any other citizen, including voting and entering into contracts. You have the right to protection from the denial of life, liberty and property without due process. If you break the law, you have the right to a lawyer. If it is judged that you cannot understand how a trial works, an individual plan will be made to help you. This plan must be reviewed regularly.
- ◆ You have the right to say what you think without being afraid of being punished.
- ◆ You have the right to choose your friends and be with them. You have the right to protection from people who might take advantage of or hurt you. You have the right to freedom of sexual expression within the bounds of the law.
- ◆ You have the right to be a part of your family or not be part of your family.
- ◆ You have the right to considerate and respectful service by qualified staff. You have the right to know staff names. You have the right to be noticed as an individual with strengths as well as needs, and to be treated in a manner that is appropriate to your chronological age.
- ◆ You have the right to expect the staff, to the best of their ability, to respond to your needs. Upon entering the program, rules and procedures including available services (social, recreational, religions, day program requirements, laundry, etc.), and daily routines will be explained to the client and family in terms easily understood. You have the right to receive a copy of this Bill of Rights.
- ◆ You have the right to file a complaint if you feel you have not been treated fairly. The Client Grievance procedure will be explained to each client as they enter the program and assistance provided as needed.
- ◆ You have the right to safe and clean surroundings that allow comfort and privacy. You have the right to supervision that is sufficient to ensure your health, safety, and security.
- ◆ You have the right not to be used as a "guinea pig" in research. If you decide to take part in research, you have the right to know what might happen to you.
- ◆ If you are unable to make good decisions about your life, you have the right to a guardian or an

advocate to help you protect your rights. A guardian must be appointed by the court. A guardian should allow and encourage you to be as independent as possible. You also have the right to challenge the need for guardianship or to ask that a less restrictive alternative be used.

- ◆ You have the right to see a doctor for physical and mental illnesses within a reasonable period of time. You have the right to refuse treatment as permitted by law and to be made aware of the medical and program consequences of any refusal you make. You have a right to choose your own doctor and dentist and to be seen by them at least on an annual basis for check-ups. You have the right to understand the medications you are taking and to refuse medication.
- ◆ If the service in which you participate is required to have a service plan, you have the right to your own plan that is based on your personal goals, strengths and needs. You have the right to choose goals that you want in the plan. You have the right to have the plan reviewed and to change goals and objectives as needed. You have the right to receive assistance in achieving the goals and objectives in the plan, such as training in learning new skills. You have a right to know what is in your file and to decide whether or not staff can share information with anyone.
- ◆ You have the right to be made aware of leisure time activities in the community, including activities that are not just for people with disabilities. You have the right to choose how to spend your leisure time.
- ◆ You have the right to go to the church of your choice or to not go to church.
- ◆ You have the right to manage your own money unless the court or the Social Security Administration has said otherwise.
- ◆ You have the right to work or to get job training or to not work . If you do work, you have the right to receive pay unless you agree beforehand to work for no pay. You have the right to receive the same benefits as others who work where you work. If you apply for a job and are qualified to do the job, the employer may not discriminate against you just because you have a disability.
- ◆ If any of your rights are limited by your service provider , you have a right to know why it has been limited, and you have the right to set a goal to work on getting the limit removed. Any limits to your rights shall be identified in your individual plan in writing.

Responsibilities

Linn County expects that, in addition to exercising your rights, you will exercise your responsibilities

- ◆ Just as it is expected that staff treat you with respect, it is expected that you will treat staff with respect. If you have a complaint about the staff or are angry with the staff, you may talk to the staff's supervisor and follow the grievance procedure.
- ◆ You are expected to keep appointments or call and cancel if you will be unable to keep the appointment. If staff is coming to your home, you are expected to be there or call and tell somebody that you cannot be there for the appointment.
- ◆ Depending on how much income you have, you might be required to pay for your service from

your provider. You are expected to pay your bills in a timely manner.

- ◆ You are expected to report any change in income or resources in a timely manner.
- ◆ You are expected to work on your goals or tell staff if you want to change them.
- ◆ You are expected to do what you can on your own and ask for help if you need it.

Can The Person Making Decisions About My Funding Benefit Personally?

Conflict of Interest Statement: It is the intent of the County that service authorization decisions will not be made by an individual or organization, which has financial interest in the services or supports to be provided. In the event that such a situation occurs, that interest must be fully disclosed to consumers, counties and other stakeholders. Linn County provides, as well as purchases, the following services: HCBS Supported Community Living, HCBS Respite Care, HCBS Home and Vehicle Modification, Supervised Apartment Living, Protective Payee Services, Work Activity, Sheltered Employment, Supported Employment, and Job Placement Services. Thus the potential for a conflict of interest exists when Linn County decides whether or not to authorize payment for services. Linn County is committed to making payment decisions solely on the basis of applicant eligibility, service needs, and cost analyses without favoring County-provided services. Applicants are encouraged to appeal any decision felt to be influenced by this potential conflict of interest. This conflict of interest statement shall be included on all Notices of Decision.

How Can I Be Sure My Privacy Will Be Respected?

CLIENT CONFIDENTIALITY POLICY

POLICY

The agency's obligation to maintain confidentiality extends to all aspects of administration, to applications of inquiries throughout the continuing casework relationship, and remains after services to the client have ceased. This obligation binds the agency as a corporate entity and includes all individual employees, members of its advisory board, volunteers, subcontractors, and students. All persons involved in any capacity referred to above are expected to hold confidential all information acquired in the course of their work with the agency. Employees should consult with their supervisor when encountering the need to serve a client known to them personally.

LIMITATIONS

A person's right to confidentiality is not absolute. It may be superseded when the rights of others, particularly the rights of children, are in need of protection and when maintaining confidentiality might cause serious harm to the client or to a third party. In questionable instances, the Linn County Attorney's Office will be consulted to obtain further legal advice on the matter.

RECORDKEEPING

Records pertaining to clients are the property of the agency. Care should be taken to ensure that record keeping is done with the interest of the client as the primary concern.

RECORD MAINTENANCE AND DESTRUCTION

Client records are considered confidential and should be kept in file cabinets designated for this purpose, unless being used by an authorized individual. For security reasons client records must be returned to the designated file cabinets by the end of the business day, or shift, in the case of 24-hour operations. Client information on PC terminals, and printers shall be kept in secure areas and not left unattended in areas accessible to unauthorized individuals.

Client records shall be maintained for a minimum of five years following termination of service to the client. All personal information pertaining to clients shall be shredded before placement in common disposal receptacles or if on disc destroyed. Client confidentiality shall be maintained in client record destruction. If Linn County MHDD Services or any program within Linn County MHDD Services should cease to function, client records shall be transferred to the new provider with appropriate releases signed, or the records shall be destroyed as above, depending on the circumstances.

RELEASE OF INFORMATION

Individual client records are accessible, within the agency, only to authorized staff. Authorized staff are defined as those who provide service to the client or who are designated to perform a supervisory or training function within the agency.

Client records may be shared with outside organizations or individuals only upon receipt of a signed authorization from the client involved, or if a minor, from the child's parent or legal guardian. This release must state the name of the client involved, the entity to whom the information may be released, the purpose for which the release is being requested, and the period of time for which the release is in effect. Generally, no information will be released over the telephone without a written consent form, except in instances when the caller is an authorized representative of the juvenile court system or an authorized representative of the Iowa Department of Human Services.

Mental Health, alcohol/drug abuse, and HIV/AIDS related information may not be released unless the client specifies such on a separate signature line on the release form. Such information may only be released if it originates with MHDD Services. No secondary information, that is information from another source such as a hospital or mental health center, may be released under any circumstances. Entities requesting such information will be referred to the original source.

CLIENT ACCESS TO RECORDS

A current or past client of the agency may, upon written request, inspect the client's own record in the provider agency's office in the presence of staff assigned to the case. An appropriate person designated in writing, such as the client's attorney, guardian, guardian ad litem, or other acceptable person may accompany clients at the examination. The agency reserves the right to exclude persons who are inappropriate for service or treatment reasons.

The client may not see daily service logs, because the logs may contain information pertaining to other clients; but the client may request a written summary of the daily entries.

Clients may comment on the accuracy of the record and may insert a written statement if they wish. Staff shall consider any client's indication as to any inaccuracy, and if the client's perception is accurate, the record shall be revised. Foster children or adults who were foster children may not have access to their foster parents' records.

When a client or former client engages in litigation against the agency in which the agency may be required to disclose otherwise confidential information in its defense, the client is considered to have forfeited the client's claim to confidentiality of that information.

SUBPOENA

When served with a subpoena to produce records, Linn County MHDD Services shall consult with the County Attorney's Office before taking a file to court.

MEDIA

Every possible assistance should be given to the media to promote a better understanding of the services of the agency. The agency will not make public the names of clients without their written consent, or release photographs for publication without first obtaining the written consent of the client, or of the parents or guardian of children under the age of 10 years.

When a client discloses information to the media concerning the client's relationship with the agency, the agency will consider itself released from the responsibility to maintain confidentiality to the extent necessary to establish, in context, the facts about the information disclosed by the client.

The appropriate supervisor shall investigate any breach of confidence by staff, with recommendations going to the Executive Director. The violation of the agency's policies of confidentiality will result in disciplinary action in accordance with the current bargaining Agreement between Linn County, Iowa, and the American Federation of State, County, and Municipal Employees. Action taken may range from dismissal of the matter to termination of the employee, based on the individual circumstances and gravity of the violation.

POLICY DISTRIBUTION

Each current agency employee, including trainees, students, governing board members, advisory board members, and volunteers shall be given this policy statement. Each new agency employee, including trainees, students, governing board members, advisory board members, and volunteers, will be given this policy statement as part of the orientation process at the beginning of employment or service.

PROCEDURES

- 1.** Confidential information is released only when it is in the best interest of the client to whom the information pertains, or when required by law.
- 2.** Before duplicating and releasing reports to other agencies or professionals, the staff person obtains the signature of the client or legal guardian and date of signature on a form which specifies information to be released, to whom the information will be released, and the purpose for which information is being released, how the information will be used, and the period of time to which the release applies.
- 3.** If the client is unable to read, the release form is read to the client and explained in further detail until the client understands what the release form means.
- 4.** If the client cannot be made to understand the meaning of a release form, it is signed by the client's legal guardian or other person responsible for the care and welfare of the client.

- 5.** If the client cannot write, permission must be witnessed and the release form signed by the witness.
- 6.** The client shall be provided a copy of the signed release form, or any refusal to accept the form shall be documented.
- 7.** MHDD staff shall not discuss a client's case with unauthorized personnel outside of the agency except those for whom a signed release form has been obtained.
- 8.** Confidential information may be released without written permission of the client or legal guardian only for bona fide medical or psychological emergencies, or for inspections by certifying or licensing agencies of state and federal government. When such information is released, documentation of the person to who it was released, and the purpose for which it was released is placed in the file.
- 9.** Electronic client information will be maintained and protected as stringently as a client's paper records.

Unique identification and password assignments will be given to professional staff and authorized employees. Individual passwords will not be divulged or shared with another person(s). Passwords to the mainframe will be modified regularly.

Department management will determine authorization to documents within their department limited to staff job requirements, initiating change as appropriate. Authorization for client electronic information will be limited to the individual generating the information, the department secretary and department management.

Upon separation from Linn County MHDD Services, users are inactivated immediately by the respective department manager notifying the Director.

- 10.** Any MHDD Services staff person has an obligation to advocate for the client's right to confidentiality if the rights are being violated by other staff and agencies.
- 11.** Clients have the right to revoke any authorization for release of information at any time.
- 12.** Clients have the option of visiting with their worker in a private area where conversations cannot be overheard.
- 13.** Content of private conversations between MHDD Services staff and the client is considered confidential.
- 14.** Failure of clients to authorize release of information is not an automatic reason for denial of services.

FAXING CONFIDENTIAL INFORMATION

Confidential information transmitted via the fax should be limited to only what is necessary to meet the requestor's needs. Special access policies and procedures will apply to faxing of client information including the following:

1. Secure a Release of Information. Release of information transmitted via fax is acceptable if all the requirements are met.
2. Mental Health, alcohol/drug abuse, HIV/AIDS related information should not be faxed without a fax cover which includes a confidentiality statement.
3. Telephone confirmation should be used to verify transmissions. Confidential medical information should be faxed only to monitored machines, and operators should call ahead to alert the recipient that a confidential fax transmission is being sent. Verify fax number to ensure proper transmittal.
4. All faxed information must have a cover sheet with sender and receiving facility clearly listed. Approved confidentiality statement must be on the cover sheet of all faxed information as follows:

CONFIDENTIALITY NOTICE: The documents accompanying this telecopy transmission contain confidential information belonging to the sender who is legally protected under state and federal law. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone to arrange for return of the original documents to us.

Faxed documents may be accepted as original and placed in the record. Thermal paper faxes must be recopied onto bond paper.

What If I Have A Complaint, Or Disagree With A Decision About My Eligibility, Services Or Funding?

**LINN COUNTY MHDD SERVICE FUNDS
NOTICE OF DECISION APPEAL PROCEDURES**

1. Individuals who believe the decision was in error may seek a review of this decision
2. The first step in the review process is an informal reconsideration by the CPC Administrator. If a reconsideration is requested, a new Notice of Decision will be issued, and the time limits on initiating a formal appeal will start with the second Notice of Decision.
3. To initiate a formal appeal, the individual must send a written request for appeal within fifteen (15) calendar days of the adverse decision to: Executive Director, Linn County Community Services , 305 Second Avenue, SE, Cedar Rapids, IA 52401.
4. Within five (5) calendar days of the receipt of the written request for review, the Executive Director, Linn County Community Services shall deliver to the individual, personally or by certified mail, a written notice of the date and time set for the review.
5. The review will be held within ten (10) working days of the receipt of the request for review.
6. The individual shall have the right to appear in person at the review and present any evidence or documents in support of his/her position. If an individual fails to appear for the scheduled review, the reviewer may proceed and issue a decision. Any individual may waive the right to personally appear at the review and may present their case by documents only.
7. Within ten (10) working days of the review, the Executive Director, Linn Community Services shall issue a written decision sent by certified mail which shall include a statement of the reasons supporting the decision. The decision may contain a recommendation to the Board of Supervisors compromise pursuant to section 230.17, Code of Iowa.
8. The written decision shall inform the individual of their right to further review by the Linn County MHDD Appeals Committee.
9. A request for further review by the Linn County MHDD Appeals Committee shall be made by giving notice to the Committee in writing within seven (7) days of receipt of the adverse decision rendered by the Executive Director, Linn County Community Services. The notice should be sent to the Committee in care of the Linn County Community Services, 305 Second Ave SE, Cedar Rapids, IA 52401.
10. The Linn County MHDD Appeals Committee will give notice of the review to the individual personally or by certified mail. The review will be held within ten (10) working days following the receipt of the request for review.
11. The Linn County MHDD Appeals Committee will issue its decision within 10 working days following the review. This is the final level of appeal.

**FOR ASSISTANCE WITH THE APPEALS PROCESS, CONTACT MECHELLE DHONDT
AT 319-892-5670**

POLICIES AND PROCEDURES FOR SYSTEM MANAGEMENT

Plan Development

The planning process relies on the Developmental Disabilities Services Coalition and Mental Health Planning Committee to gather much of the data and develop the direction services ought to be taking. Proposals from each of the groups are brought together at the MHDD Advisory Committee, where the current version of the plan is developed. This plan is then referred to the Linn County Board of Supervisors for final approval. A public hearing is held to gather any further community input prior to submission to the State MHDD Division of the Iowa Department of Human Services. This process maximizes participation in planning by a broad representation of consumers, providers, advocates, and funders. The plan itself is a minor part of the process. Implementation and review of the plan is a yearlong process, involving several subcommittees consisting of a variety of consumers, advocates, providers, and funders. The MHDD Advisory Committee and the Mental Health Planning Committees meet monthly. The Developmental Disabilities Services Coalition meets every other month, and the Planning Council meets quarterly. Below are member listings as of July 1, 2010. Call 892-5611 for an updated list.

MAILING ADDRESSES

LINN COUNTY MH/DD ADVISORY COMMITTEE MEMBERSHIP

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23 Members

2/2/10

Total = 3 ctos/special mhspc

Plan Administration

Linn County staff will directly administer the plan with county staff.

Financial Accountability

Linn County's rate setting and reimbursement methods are described in the procedures below.

ITEM Contracting Procedures No. 204.7

Linn County negotiates contracts annually with MHDD providers, who deliver service in Linn County, exclusively to MHDD clients. The County utilizes the County Rate Information System (CRIS) process to establish rates with some local MHDD providers. The County identifies the organizations and the services, which should be included in the CRIS process, by completion of the Service Information Form.

Providers, who are involved in the CRIS process, must complete the CRIS cost report form annually. The CRIS cost report is reviewed by an accounting firm for reasonableness and consistency. Statistical reports are prepared; comparing the current year report with prior year reports. The most recently completed cost report is used as the basis for establishing reimbursement rates for the subsequent year.

Linn County also establishes rates with some Linn County MHDD providers, by relying on rates established by other rate setting processes, including Home and Community Based Services or Habilitation Services. County rates will be adjusted to equal these rates in the month in which the rate is communicated to the County.

A Linn County Service Agreement, Provider Profile Form and Network Agreement Form must be completed between the County and MHDD providers, delivering service in Linn County. Additionally, a Certificate of Insurance must be attached to the Agreement.

Returned contracts are routed to the Financial Management Director for approval. Approved contracts are then sent to the Board of Supervisors for signature. A copy of the signed contract is returned to the vendor by the Account Technician. Original of the contracts are filed in the Account Technician's Office.

Contracts with Linn County providers, delivering service to the general public, are not required. Reimbursement rates paid to these providers are established at the same rates charged to the general public.

Contracts with state institutions or out of county MHDD providers, delivering Medicaid services, are not negotiated. The state is responsible for authorizing services and for establishing reimbursement rates with these providers. State negotiated reimbursement rates are confirmed by accessing ISIS, the State's information system.

Linn County reimburses MHDD providers, who do not deliver service in Linn County, at rates established by the host county for county funded services. These providers must complete the "Agency Contact Information" Form. Additionally, the "Notice of Rate Approval" Form, signed by the Host County CPC or Board of Supervisors, or a copy of their contract with the

host county must be provided. Copies of these forms are filed in the Account Technician's Office.

Contracting processes must be complete and/or reimbursement rates communicated with appropriate documentation, before payment on invoices can be processed.

ITEM Purchased MH/DD/SA Services No. 204

All purchased MH/DD/SA Services except grants, advocate fees, Linn County Sheriff transportation and Title 19 match payments for Case Management will be processed on the mainframe program. The computer program will verify authorization, legal settlement, billing dates, per diems and whether the invoice has been previously paid.

The Financial Vendor Report (B23), Commitment Clients List (B24), and Alpha client List with social security numbers (B27) are available to convert vendor invoices for entry on the mainframe.

In order to process claims on the mainframe, a client master file must be opened as well as a current service for the type of invoice being processed. The responsible staff will open these records based upon information contained on an approved Notice of Decision.

The Senior Account Clerk uses the financial menu to process claims, excluding the Enhanced Services Billings. Detailed instructions are included in the computer manual for each of the following specialized claims processing screens: Abbe Care Facility (menu #18), the Abbe Case Management Program (menu #16), Abbe CCMH (menu #21) and the ICF-MR and HCBS billings (menu #17). Menu #12 is used to process all vocational invoices and other residential invoices excluding MHI and SHS where the provider agency has established a per diem with the County. Menu #15 is used to process claims from MHI, SHS, medical vendors, personal allowance and miscellaneous claims where a contracted per diem is not applicable.

The Senior Account Clerk processes ICFMR and HCBS billings that are sent electronically. Staff analyze error messages generated by the mainframe and adjust services/billings accordingly. Instructions are included in the computer manual, located behind the tab labeled "DHS Electronic Billing."

The Account Technician accesses the "Financial Miscellaneous Menu" to process the Enhanced Services Billing. Staff analyze error messages including: "duplicative payments", "legal settlement" and "service not authorized." The period of time related to a duplicative payment error must be analyzed. The mainframe began processing the Title 19 match payments in July 2003. Prior to that, the mainframe "posted" match payments based upon criteria established by staff. A duplicative payment error for a period of time preceding July 2003 is disregarded, since actual changes were not posted. Detailed instructions are included in the computer manual, located behind the tab labeled "DHS Electronic Billing."

The mainframe program prepares the claims (Report D22). After claims are run and verified, Report D23 is run to post the claims to individual client ledgers. When warrants are issued by the Auditor's Office, the warrant number is transferred into the individual client ledger. If warrant numbers can not be transferred into the LCCS system, an error report is printed.

Discrepancies are corrected by the responsible Senior Account Clerk and check numbers are manually entered on the mainframe.

ITEM	Commitment Costs	No. <u>204.1</u>
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Linn County is responsible for payment associated with evaluation and commitment of mentally ill people and substance abusers with legal settlement of Linn County including transportation, advocate fees, attorney fees, psychiatrists, hospitalization, and physician fees. In addition, each county "must bear its own expenditures with respect to the detention and commitment of substance abusers" regardless of county of legal settlement. (Attorney General Opinion, March, 1985, paragraph VII.)

The Intake Coordinator will be responsible for opening a client file on the mainframe. The Senior Account Clerk shall verify that the date of the commitment hearing corresponds with the date on the invoice for all commitment claims.

Linn County will reimburse psychiatrists for the initial admission evaluation, medical testimony at the commitment hearing and second opinions if an order is contained in the client's commitment file. Ongoing treatment costs will be denied.

Invoices submitted by attorneys or the mental health advocate must be signed by the judicial referee. Attorney fees will be limited to a maximum of three hours, times the hourly charge established through Resolution by the Linn County Board of Supervisors, unless the attorney has sought and obtained prior approval of the District Court to exceed this guideline.. As identified in §125.78 of the Iowa State Code, the County may be responsible for the respondent's and the applicant's court appointed attorney in substance abuse commitment proceedings. Additionally, the judicial referee must sign claims submitted by other counties for commitment costs incurred on a person with legal settlement of Linn County.

ITEM	Hospitalization Limitations	No. <u>204.2</u>
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Hospitals shall be reimbursed from the date of the committal filing through the hearing date. The period reimbursed shall not exceed seven days. Two days of hospitalization shall be reimbursed for emergency orders.

A maximum daily charge for services at the local hospitals has been established. Hospital invoices will be adjusted by the responsible Senior Account Clerk as necessary to comply with the above time limitations and daily rates.

******[Since this list changes relatively often, we will no longer have it published in the Plan. Note that Policy #601.9 in this plan states that a list will be provided upon request.]***

"....The Court shall assign the advocate appointed from the patient's county of legal settlement to the patient, or if the patient has no county of legal settlement, the court shall assign the advocate appointed from the county where the hospital or facility is located." The same section further states "....The advocate's compensation shall be paid on order of the Court by the county in which the court is located." [229.19] However, if Linn County's Advocate elected or would have elected not to be appointed because the patient does not reside in Linn County, Linn County shall reimburse the advocate providing service in the county where the patient resides.

The advocate remits a claim biweekly for salaries, mileage and other expenses which is signed by the judicial referee. Salaries shall be reimbursed at an amount negotiated between the State and the County prior to the start of each fiscal year. Mileage will be reimbursed at the current rate established for State employees. All other expenses must be supported by documentation attached to the invoice.

Invoices are forwarded to the responsible Senior Account Clerk for processing. The mathematical accuracy of the invoice is verified. Nontaxable charges for mileage, phone, and postage are identified separately from service charges on the Auditor's claim.

ITEM Institutional Invoices**No. 204.4**

Institutional invoices received from the Mental Health Institute (MHI) or the State Hospital Schools (SHS) are processed on the mainframe.

When Intake is notified of an admission to one of these facilities, the Intake Coordinator (IC) determines legal settlement and communicates the legal settlement determination to the State.

If the admission is for a person with Legal Settlement in Linn County, the Intake Coordinator opens the current service, identifies whether the placement was voluntary or involuntary and creates the master file, if necessary. If the admission is for a person who does not have Legal Settlement in Linn County, the Intake Coordinator creates the client master file.

Long Term Care Facilities, excluding state institutions, are required by the Medicare Part D regulations to insure that their patients have access to a pharmacy that contracts with Medicare Part D and also to assist the patients in signing up for Medicare Part D if they have not already done so. Requests for payment, which include pharmacy charges for clients, who are eligible for Medicare, will be rejected

Institutional invoices received from Oakdale are processed on the mainframe by Core. An admission notice is received by the Core Administrative Assistant who contacts Oakdale for the court order number. The client name and court order number is sent to the County Attorney's Office to determine whether the invoice should be paid. The Iowa Code, §246.201 (8), requires the County to pay for services on persons with Legal Settlement of Linn County not coming from a correctional facility.

The Account Technician is responsible for maintaining the MH/DD vendor file. When a “new” MH/DD vendor is identified, a memo identifying the vendor name and address is sent to the Auditor’s Office for opening on the County’s mainframe vendor file. The next day, the “new” vendor record is transferred to the MH/DD file.

The Account Technician recalls the vendor identification number assigned by the Auditor’s Office and completes the following information: function number, object number, whether the vendor is a “commitment” vendor, whether state claims should be allowed to process, the vendor name for reports, vendor unit code and if appropriate, the contract rate and effective date.

ITEM: Timely Submission of Reimbursement Rates **No. 204.8**

Reimbursement requests for county funded services must be receipted by the County within one year of service delivery, in order to be valid. Reimbursement requests, older than one year, will be returned to the vendor with a copy of the policy attached.

If the failure to submit an invoice timely is related to an invoice, which was disputed by the county for reasons other than timely submission of invoices, the one year time period will begin on the date the County communicated the dispute.

Medicaid match payment requests, relate to entitlements, and are not subject to the above referenced time limitation.

Funding Policy

The Linn County Enrollment Form must be completed for all clients requesting MH/DD services which are to be funded by Linn County. Intake Staff do legal settlement analysis and income and asset verification. The Form is routed to data management staff for entry of demographic data or verification of existing data contained on the mainframe. The Form is then routed to the Assistant CPC Administrator for service authorization if appropriate.

Provider Network Selection and Contracting Process

See Item 204.7 in the previous section for the contracting process. Our nontraditional providers process is detailed below.

NONTRADITIONAL PROVIDERS PROCEDURES

A request for funding can be made by any consumer, or the consumer’s authorized representative, to utilize “non-traditional providers for services as approved in the County Management Plan” as an alternative way to achieve that consumer’s stated goals or outcomes. Individuals, organizations and businesses may be identified as “non-traditional providers.” “Non-traditional providers” may not be subject to certain licensing, certification, accreditation or other state approval standards, but must meet the CRITERIA BELOW:

CRITERIA FOR SELECTING “NON-TRADITIONAL PROVIDERS”

- The service outcome(s) achieved by the “non-traditional provider”, as identified by the consumer, must be comparable to services provided by traditional licensed providers.
 - Any “non-traditional provider” who is expected to work directly with Linn County consumers will be subjected to the following checks:
 - a check of the criminal registry
 - a check of the sexual predators registry
 - a check of the child abuse/dependent adult abuse registry
 - If a positive ID occurs on any of these registries, the CPC Administrator may refuse to fund, and/or the consumer or legal representative may refuse to hire.
 - Any “non-traditional provider” who works directly with Linn County consumers (as opposed to building a ramp, etc.) will be required to pass a drug screening test and a communicable diseases test as conducted by a medical doctor.
 - The applicant shall provide evidence of applicable insurance (including liability ins.), and the mental/physical abilities or other qualifications needed to perform the service (e.g.: a driver’s license, or the ability to lift, or the ability to read medication labels, etc.).
 - Providers of professional services, such as doctors, psychologists, social workers, etc. , must have appropriate licenses to practice the profession.
- PROCESS FOR APPROVING “NON-TRADITIONAL” PROVIDERS

- The applicant (Individual, organization or business) will complete the Linn County Services Agreement, including:
 - personal or organizational information
 - a description of their experience working with individuals with disabilities
 - description of services to be provided
 - frequency and duration of such services
 - cost per unit breakdown as appropriate
 - a description of the skills that qualify them to be the provider
 - references - add to Provider Profile for non-licensed providers
 - registry investigations obtained by the applicant
 - a signed statement of knowledge of confidentiality regulations.

Any variations on the standard contract shall be reviewed by the County Attorney's office.

- The Applicant shall meet with, and be screened by, the CPC Administrator (or designee).
- The Applicant shall be informed of and comply with all rules for rate setting and reimbursement as stated in the Plan.
- The CPC Administrator (or designee) shall check:
 - the registries mentioned above
 - registry reports acquired by the applicant
 - references (in addition to any checks completed by the consumer)
 - review evidence of applicable insurance and/or other qualifications

- The consumer (or authorized representative) and the CPC Administrator (or designee) shall agree to monitoring (type, frequency and duration) of the performance and quality for services conducted.
- Payment for services will be individually arranged between the CPC Administrator, the consumer and the “non-traditional provider” through a variety of funding mechanisms (e.g.: a direct bill, a voucher system, a reimbursement system, etc.) based on the request of the consumer, or authorized representative.
- Services that can be funded by another funding source, such as Medicaid, are not eligible for this program. County funding is the payer of last resort.
- The CPC Administrator shall make the decision on funding all requests for “non-traditional providers”, subject to the appeals process.
- Quality Assurance assessments will be made by the CPC Administrator in the same manner as with "traditional" providers.

Plan for Staffing

The Director of Linn County MHDD Services has been designated as the "CPC Administrator". This person is a Licensed Independent Social Worker. Linn County also employs two Quality Assurance Specialists, and one Utilization Review Specialist. The CPC function receives accounting, claims payment, and budgeting assistance from the Community Services accounting department. Intake is performed by the Intake Coordinator with support from two staff.

Consumer Access

Linn County's Strategic Action Plan consistently includes goals and objectives to analyze services and the system in order to insure cost-effective service provision. In addition, it targets reduction of institutionalization and development of community-based services. The system evaluation uses performance indicators that also target reduction of institutional services and an increase of cost-effective community-based services. Such targets are consistent with the notion of providing "flexible, cost-effective community services and supports to meet consumer needs in the least restrictive environment possible." Linn County covers the cost of emergency mental health services without regard to legal settlement. For non-emergency services, Linn County provides a Notice of Decision within an average of 2 days. For State Cases, which are often delayed in getting approvals, Linn County guarantees the provider retroactive payment if the State proves it is a Linn County case. Linn County does not intend to deny access to services, as outlined in the county management plan, for any current resident of the county, and will work to assure that counties of legal settlement and DHS cooperate in funding appropriate services. In the event of legal settlement disputes, Linn County will pay for services and acquire reimbursement when legal settlement has been confirmed.

Emergency Services

Linn County currently funds emergency hospitalization (48 hour holds) and emergency outpatient services provided by Abbe Mental Health Center. People who are perceived as needing to be taken into custody pending commitment hearings may be held at either Mercy Hospital or St. Luke's Hospital as assigned by the Judicial Referee. Following the hearing, people perceived to be in need of inpatient care and who require county funding should be committed to MHI at Independence. MHI shall complete a CPC Application on each individual admitted and receive funding approval prior to sending any bill to Linn County. If MHI is unable to accept an individual due to having no openings, Linn County will pay the local hospital for inpatient care at the MHI rate until such time MHI can admit the person. Minors who are committed to an MHI under another funding source and who later seek county funding will have their cases reviewed prior to authorization of funding in order to confirm that the service being requested matches the needs of the consumer. Any person who seeks voluntary admission to MHI must be pre-screened by the Abbe Mental Health Center. Linn County currently has a Pilot Project to fund voluntary psychiatric admissions to local hospitals. In addition, Linn County contracts with Foundation 2 to provide Mobile Crisis Outreach services, by which emergency services can be provided in an individual's home, place of work, or any place in the community. Emergency Services are authorized on a retrospective basis so that there is no delay in service provision.

Quality Assurance

System Evaluation

Linn County MHDD Services participates in the Linn County performance assessment process. This is an annual report that corresponds with the County budgeting process. The system evaluation includes a comprehensive collection of cost and utilization data, and the goal has consistently been to reduce utilization of institutional, restrictive types of settings which are usually more costly than community based, individualized types of settings. Performance Indicators have been established for each of the State Chart of Accounts service categories and for Administration activities as well.

The report on each category includes a description of the program or service, performance objectives for that service or program, and performance indicators measured by data collected throughout the year. Performance is reported in four categories: (1) input, (2) output, (3) efficiency, and (4) outcomes. Input is the amount of staff and dollars that are put into the service or program area. Output is utilization data; i.e. number of consumers, number of appeals, etc. Efficiency is cost data; i.e. cost per consumer, cost per hour of service, etc. Our efficiency data is then measured against a reported benchmark, such as the state wide average cost of the service. Outcomes are specific data which report on whether or not performance objectives were achieved, or the extent to which they were achieved.

These performance indicators were developed with the participation of all stakeholders: providers, advocates, consumers, and family members. These performance indicators are reviewed and revised by our stakeholder committees as the need becomes apparent.

Quality of Provider Services

Quality Assurance reviews are conducted by Linn County CPC staff on a random basis . Linn County requires that providers under contract with Linn County maintain licenses and certifications required by the State Quality Assurance System.

Collaboration, Including with the Court System

See the planning process. For the courts, the Linn County Community Services is involved with the Decategorization process, which includes Juvenile Court Officers. The CPC Administrator is on the Decategorization "Diversion Team", which includes JCO and is an effort to reduce institutionalization. The County Attorney monitors all adult commitments and make sure that the Judicial Referee is aware of community based alternatives to institutionalization. An annual report is provided to the Judicial Referee on data related to commitments.

Ongoing Education Process

County staff speak at consumer advocate groups meetings and provider in-services when requested, planning meetings are publicly noticed in the paper as required by the public meetings law, and referring agencies are given 1:1 training in the process. Brochures are distributed to various sites available to the public.

Service and Cost Tracking

Linn County uses a Unisys mainframe data manager. Consumers are entered into this system when they are admitted to a service paid for by Linn County. The consumer identifier is their Social Security number. Claims for payment of any service are attached to the consumer identifier as well as the provider code number in the mainframe data manager. The mainframe can produce a number of reports, including an unduplicated client count and expenditure data. Using this system, Linn County has the ability to provide all required reports to the State. These reports are part of our Annual Review.

Service Monitoring: Refer to the above and also to quality assurance section.

Annual Review:

Linn County shall prepare an annual review for the county stakeholders, the department of human services and the state county management committee. The Annual review shall be submitted to the department for informational purposes by December 1. The annual review shall incorporate analysis of the data associated with the services managed during the preceding fiscal year by the county. The annual review shall include a report on progress toward goals and objectives, documentation of stakeholder involvement, the provider network, an

expenditure report with a listing of services funded (scope of services), a report on the number, type, and resolution of appeals, a quality assurance report, and waiting list information.

Three Year Strategic Plan:

Linn County shall prepare a strategic plan that describes the county's vision for its mental health, mental retardation, and developmental disabilities system for the ensuing three fiscal years. The strategic plan development shall follow the process outlined in the policies and procedures manual. The strategic plan shall be submitted, for informational purposes, to the department by April 1, 2000, and by April 1 of every third year thereafter. The strategic plan shall include, but not be limited to:

-Needs assessment. The strategic plan shall include an assessment of current needs. This plan shall describe how information from the annual reports from the previous years was incorporated into the current strategic plan and how the information will be used to develop future plans for the funding and provision of services to eligible groups.

-Goals and objectives. The strategic plan shall list goals and objectives that are guided by the system principles of choice, empowerment, and community. The goals and objectives shall reflect the system by which the county plans to meet unmet needs during the ensuing three years, the action steps which will be taken to develop the future system, and how progress toward implementation will be measured. Projected costs for future projects, when available, will be included.

-Services and supports. The strategic plan shall list services and supports that the county will fund, when requested, by eligibility group.

-Provider network. The strategic plan shall include a list of providers used to provide the scope of services and supports described in the plan.

-Access points. The strategic plan shall list designated access points and their function in the enrollment process.